



## Pipeline Safety Division Investigation Report

### Investigation regarding: Vectren

UPPAC Database Record ID: 3583

Report Date: 5/6/2013

Investigator: Mike Orr

Damage Date: 8/13/2012 3:17:34 PM

Damage Address: S Elm St, Muncie, Delaware

### The Parties

Excavator: **Culy Construction & Excavating, Inc.**

Address: 5 Industrial Park Drive, P.o. Box 29, Winchester, In 47394

Facility Owner: **Vectren**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Water

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1208020417

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 9/19/2012. The excavator had a valid locate request however, the operator failed to locate the service stub due to inaccurate records.

**Conclusion:** There was a failure to provide accurate locate marks.

**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: S Elm St, Muncie

Facility Owner: Vectren

Excavator: Culy Construction & Excavating, Inc.

Other Party: N/A

Pipeline Division Case No. 3583

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: 10-9-2012

## 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: Culy Construction

Business address (number and street): PO Box 29

City, State, and ZIP code: Winchester, IN 47394

Telephone number (area code): 765-584-8509

Fax number (area code): 765-584-8060

E-mail address: Unknown

## Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

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**Date and Location of Damage**

Date of damage (month, day, year): 9-6-28-13-2012

County: Delaware

City: Muncie

Street address (number and street, city, state, and ZIP code):  
Kirby & Elm Street, Muncie, IN

Nearest intersection: Same

Right of way where damage occurred: Public - Other

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 \$ 650

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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? \_\_\_\_\_

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1208020417

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? Yes

Were facilities marked correctly? No

Type of markings used: Paint

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

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### Description of Cause

Select from the list the most accurate cause for the damage: Abandoned facility

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### Additional Comments

1" plastic stub damaged by hoe.

FACILITIES DAMAGE REPORT GAS

Task No.: 002

Capital (O&M) (circle one)

FDS. 001672

FACILITY TYPE

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

TIME OCCURRED: 5:00 AM/PM

DATE OF DAMAGE: 8/13/12

TIME FOUND: 5:02 AM/PM

Cost Center No.: 5733

DAMAGE SITE ADDRESS: KIRBY & S. Main St LOT # 10 1/2

COUNTY Delaware CITY: Monrovia STATE: In TOWNSHIP Conroy

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 8/14
- VISUAL OBSERVATION  ABOVE GROUND  BELOW GROUND Ridg
  - LOCATE APPLICABLE?  YES  NO  N/S
  - FACILITIES PROPERLY MARKED  YES  NO  N/S
- MARKING METHODS:  CONVENTIONAL  FLAGS
- NONE  OFF-SET  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 checked="" type="checkbox"/> SEVERED	<input type="checkbox"/> 25 PSIG
<input type="checkbox"/> PLASTIC (HDPE)	<input 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 <u>1" X 1"</u>	<input type="checkbox"/> 55 PSIG
		<input type="checkbox"/> 60 PSIG
		<input checked="" type="checkbox"/> 6 WC (2163)
		<input checked="" 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: 30 MIN

LEAK REPORT NUMBER # \_\_\_\_\_ 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 \_\_\_\_\_

- COMPANY CREW
  - CONTRACTOR
  - COUNTY
  - DEVELOPER
  - FARMER
  - MUNICIPALITY
  - PROPERTY OWNER/TENANT
  - RAILROAD
  - STATE
  - UNKNOWN
  - UTILITY
  - VEHICULAR ACCIDENT
  - IF OTHER \_\_\_\_\_
- AGRICULTURE
  - BLDG. CONSTRUCTION
  - BLDG. DEMOLITION
  - CABLE TV
  - CURBS/SIDEWALKS
  - DRAINAGE
  - DRIVEWAY
  - ELECTRIC
  - ENGINEERING/SURVEYING
  - FENCING
  - GRADING
  - IRRIGATION
  - LANDSCAPE
  - LIQUID PIPELINE
  - MILLING
  - NATURAL GAS
  - POLE
  - PUBLIC TRANSIT AUTHORITY
  - RAILROAD MAINTENANCE
  - IF OTHER \_\_\_\_\_

WORKING FOR

- CITY  COUNTY  DEVELOPER
- PROPERTY/OWNER  STATE
- UTILITY

IF OTHER \_\_\_\_\_

COMPANY REPRESENTATIVE ON SITE  YES  NO

OBSERVATION BY: JIM

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 #: 1208/33073

DATE: 8-2-12 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 \_\_\_\_\_

- CONTRACTOR REPAIRS
- CONTRACTOR WORKING FOR VECTREN MADE REPAIRS AT OWNERS EXPENSE
    - YES  NO  N/S
  - CONTRACTOR REPAIRED DAMAGE
    - YES  NO  N/S

NAME OF CONTRACTOR:    Cully     
 # 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

- 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

INVOICE:  YES  NO  N/S

PARTY TO INVOICE NAME:    Cully     
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_

DAMAGING PARTY NAME:    Cully Contracting     
 ADDRESS:    P.O. Box 29     
 CITY/STATE/ZIP:    Winchester 47384     
 PHONE NUMBER:    765 546 1893     
 PREPARED BY:    Jim Cully    DATE:    8-13-12   

REVIEWED BY FIELD SUPERVISOR: \_\_\_\_\_ DATE:    8-28-12   

5357022  
 765 546 1893  
 NO locate service to vacant lot. has possibly been noticed at curb.  
 No card found for this address

## Ticket Portal Production

**Ticket Text**   **Photos**

**Ticket Text**

ATTIN Seq: 230 Transmitted: Thu Aug 02 07:41:09 CDT 2012  
 SBCIN 00236 IUPPSa 08/02/2012 08:39:35 1208020417-00A NORM NEW GRID  
 NORMAL NOTICE  
 Ticket : 1208020417 Date: 08/02/2012 Time: 08:34 Oper: BTHOMPSON Chan:084  
 State: IN Cnty: DELAWARE Twp: CENTER  
 Cityname: MUNCIE Inside: Y Near: N  
 Subdivision:  
 Address :  
 Street : S ELM ST  
 Cross 1 : E KIRBY AVE Within 1/4 mile: Y  
 Location: LOCATE FROM THE INTERSECTION GOING SOUTH FOR APPROX 150 FEET ON BOTH  
 SIDES OF THE ROAD  
 :  
 Grids : 4011C8522A 4011C8523D 4011D8522A 4011D8523D  
 Boundary: n 40.189049 s 40.187366 w -85.384064 e -85.382629  
 Work type : INSTALLING WATER MAIN  
 Done for : INDIANA AMERICAN WATER MUNCIE  
 Start date: 08/06/2012 Time: 08:45 Hours notice: 96/48 Priority: NORM  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
 Duration : 3 DAYS Depth: 8 FEET  
 Company : CULY CONTRACTING Type: CONT  
 Co addr : P.O. BOX 29  
 City : WINCHESTER State: IN Zip: 47394  
 Caller : TOM FRANKLIN Phone: (765)584-8509  
 Contact : TOM FRANKLIN - CELL Phone:  
 BestTime:  
 Mobile : (765)546-1893  
 Fax : (765)584-8060  
 Email : TOMF@CULYCONTRACTING.COM  
 Remarks : All tickets are taken and processed on Eastern Daylight Time  
 Will you be white-lining the dig site area? NO  
 :  
 Submitted date: 08/02/2012 Time: 08:34  
 Members: AEPIN ID1256 ID3347 ID4245 ID4636 ID7053 ID9979 SBCIN SM  
 -----  
 Email\_From: att-tickets@tickets.translore.com  
 Email\_Subject: ATT Translore - 1208020417  
 Email\_Sent\_Date: 2012-08-02 07:41:09 CDT  
 Email\_MessageID: <1343911269610.112525062.TransLore.att-tickets@tickets.translore.com>  
 Email\_host: tickets6.811tickets.com  
 Email\_user: 811.in.att  
 Email\_To: 811.in.att@tickets.811tickets.com  
 Email\_ContentType: text/plain; charset=ISO-8859-1

## Ticket Portal Production

**Ticket Text**    **Photos**

### Ticket Text

ID4245 02990 IUPPSa 08/13/2012 15:17:51 1208133073-00A EMER DAMG GRID  
 DAMAGE SEE REMARKS  
 Ticket : 1208133073 Date: 08/13/2012 Time: 15:14 Oper: LSTEVENSON Chan:018  
 State: IN Cnty: DELAWARE Twp: CENTER  
 Cityname: MUNCIE Inside: Y Near: N  
 Subdivision:  
 Address :  
 Street : S ELM ST  
 Cross 1 : E KIRBY AVE Within 1/4 mile: Y  
 Location: LOCATE FROM THE INTERSECTION GOING SOUTH FOR APPROX 150 FEET ON BOTH  
 SIDES OF THE ROAD  
 :  
 Grids : 4011C8522A 4011C8523D 4011D8522A 4011D8523D  
 Boundary: n 40.189049 s 40.187366 w -85.384064 e -85.382629  
 Work type : INSTALLING WATER MAIN  
 Done for : INDIANA AMERICAN WATER MUNCIE  
 Start date: 08/13/2012 Time: 15:15 Hours notice: 0/0 Priority: EMER  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
 Duration : 3 DAYS Depth: 8 FEET  
 Company : CULY CONTRACTING Type: CONT  
 Co addr : P.O. BOX 29  
 City : WINCHESTER State: IN Zip: 47394  
 Caller : TOM FRANKLIN Phone: (765)584-8509  
 Contact : TOM FRANKLIN - CELL Phone:  
 BestTime:  
 Mobile : (765)546-1893  
 Fax : (765)584-8060  
 Email : TOMF@CULYCONTRACTING.COM  
 Remarks : All tickets are taken and processed on Eastern Daylight Time  
 VECTREN GAS LINE HAS BEEN HIT---GAS IS BLOWING--CAN BE HEARD--LINE WAS HIT  
 APPROX 40 FEET SOUTH OF THE INTERSECTION---LINE IS ORANGE PLASTIC 1""  
 DIAMETER--ADVISED TO CALL 911 AND VECTREN TO REPORT THE DAMAGE---PREVIOUS TICKET  
 #1208020417  
 Will you be white-lining the dig site area? NO  
 :  
 Submitted date: 08/13/2012 Time: 15:14  
 Members: AEPIN ID1256 ID3347 ID4245 ID4636 ID7053 ID9979 SBCIN SM  
 -----  
 Email\_From: irth@iupps.org  
 Email\_Subject: IUPPS ID4245 2012/08/13 #02990 1208133073-00A DAMG DAMG  
 Email\_Recv\_Date: 2012-08-13 14:17:52 CDT  
 Email\_Sent\_Date: 2012-08-13 14:17:52 CDT  
 Email\_MessageID: <502952e0.c106320a.28ec.ffff97fbSMTPIN\_ADDED@mx.google.com>  
 Email\_host: imap.gmail.com  
 Email\_user: onecallin811@smptickets.com  
 Email\_To: onecallin811@smptickets.com  
 Email\_ContentType: TEXT/PLAIN

# Service Order Status

Tuesday, October 9, 2012

**Enter Service Order Number:**

5337822



Clear Form

Refresh Data

**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD

**Order Number:** N5337822

**Order Type:** LEAK

**Order Status:** Completed

**Customer:** 008888888 - INACTIVE CUSTOMER  
**Prem:** 5722504 - E KIRBY AVE & S ELM ST

**Technician:** 2268 - Conley, Jim

**Order Dates and Times**

**Need Date:** 8/13/2012 3:39:00 PM  
**Time Created:** 8/13/2012 3:29:14 PM  
**Time Dispatched:** 8/13/2012 3:36:01 PM  
**Time In Route:** 8/13/2012 3:36:30 PM  
**Time On-Site:** 8/13/2012 3:41:45 PM  
**Tech Complete:** 8/13/2012 5:19:28 PM  
**Time Closed:** 8/13/2012 5:19:28 PM

**Events Performed/Completion Code**

LKNS - CMP

**Meter Information**

**Current ReadStatus**

**Old Meter:**  
**New Meter:**

**Completion Notes**

service line cut, installed 1" lycofit end cap.

**Request Notes**

08/13/12 CUT 1 INCH LINE PER TOM FRANKLIN W / CULY CONST....CREW ON SITE...LINE WAS NOT LOCATED...REQUEST # 1208020417...TX 765-546-1893...ADVISED PRECAUTIONS..GAS IS BLOWING

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentManualAck_evt	8/13/2012 3:30:57 PM	Ems, Rod
AsnAssignmentManualAck_evt	8/13/2012 3:33:10 PM	Conley, Jim
AsnAssignmentEnRoute_evt	8/13/2012 3:33:14 PM	Conley, Jim
AsnAssignmentEnRoute_evt	8/13/2012 3:36:30 PM	Conley, Jim
AsnAssignmentManualAck_evt	8/13/2012 3:36:32 PM	Conley, Jim
AsnAssignmentOnSite_evt	8/13/2012 3:41:45 PM	Conley, Jim
OrdOrderComplete_evt	8/13/2012 5:19:28 PM	Conley, Jim

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

# Service Order Status

Tuesday, October 9, 2012

**Enter Service Order Number:**

5337823



Clear Form

Refresh Data

**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD

**Order Number:** N5337823

**Order Type:** LEAK

**Order Status:** Completed

**Customer:** 009999999 - OWNER UNKNOWN

**Prem:** 5722505 - S ELM & E KIRBY

**Technician:** 2268 - Conley, Jim

**Order Dates and Times**

**Need Date:** 8/13/2012 3:33:00 PM  
**Time Created:** 8/13/2012 3:29:41 PM  
**Time Dispatched:** 8/13/2012 3:29:42 PM  
**Time In Route:** 8/13/2012 5:19:45 PM  
**Time On-Site:** 8/13/2012 5:19:47 PM  
**Tech Complete:** 8/13/2012 5:20:00 PM  
**Time Closed:** 8/13/2012 5:20:36 PM

**Events Performed/Completion Code**

LKNS - CMP

**Meter Information**

**Current ReadStatus**

**Old Meter:**

**New Meter:**

**Completion Notes**

duplicate

**Request Notes**

HIT LINE CALLED IN BY SUSA W/811 HIT BY CULY CONTRACTOR HIT 1" ORANGE PL/BLOWING 40' SOUTH OF INTERSECTION PRIOR LOC # 1208020417 DAM # 1208133073 CONT# 317-893-1415....

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentManualAck_evt	8/13/2012 3:30:59 PM	Conley, Jim
AsnAssignmentEnRoute_evt	8/13/2012 3:31:04 PM	Conley, Jim
OrdOrderSuspend_evt	8/13/2012 3:36:32 PM	Conley, Jim
AsnAssignmentEnRoute_evt	8/13/2012 5:19:45 PM	Conley, Jim
AsnAssignmentOnSite_evt	8/13/2012 5:19:47 PM	Conley, Jim
OrdOrderComplete_evt	8/13/2012 5:20:36 PM	Conley, Jim

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

**From:** [JJ Hall](#)  
**To:** [IURC PipelineDamageCase](#)  
**Subject:** CASE # 3583 INTIAL DOCUMENTS - EXCAVATOR  
**Date:** Wednesday, September 19, 2012 10:16:58 AM  
**Attachments:** [Attached Image.msg](#)  
[.msg](#)

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To whom it may concern,

I have attached the forms we use at the beginning of the job for the locates. Also I have attached pictures of the gas line that was **UNMARKED**. It is hard to see in the pictures it is a stub out from the gas main. As I stated before the gas main was located but the stub out was not and that is what we hit. If you have any questions please let me know.

*JJ Hall*

Vice President /  
Safety & Environmental Director  
[jjh@culycontracting.com](mailto:jjh@culycontracting.com)  
[www.culycontracting.com](http://www.culycontracting.com)  
Office: 765-584-8509  
Mobile :765-220-2327  
Fax :765-584-8060



# LOCATE FORM FOR IUPPS & OUPS

Indiana – 811 or 800-382-5544

Ohio – 800-362-2764

CONTRACTOR'S PHONE NUMBER: 765-584-8509

CONTRACTOR NAME: CULY CONTRACTING, INC.

CONTRACTOR ADDRESS: 5 INDUSTRIAL PARK DRIVE, PO BOX 29, WINCHESTER, IN 47394

FAX: 765-584-8060

CALLERS NAME Tom Franklin CALLERS PHONE NUMBER 765 546 1893

NAME OF CONTRACTORS REP. ON SITE: Tom Franklin PHONE 765 546 1893

EMERGENCY LOCATE: YES or  NO

WHITE LINING THE AREA: YES or  NO

BLASTING: YES OR  NO

BORING: YES OR  NO

RAILROAD NEAR SITE:  YES OR NO

\*\*\*\*START DATE/TIME: TO PROCESS REQUESTS MUST BE 3 WORKING DAYS BUT NOT MORE THAN 20 CALENDAR DAYS FROM TIME FAXED OR WRITE PROPER NOTICE IN THE START DATE FIELD & WE WILL CALCULATE THE START TIME FOR YOU \*\*\*\*

START DATE 8-6-12 TIME 0800 DURATION 4 Pgs DEPTH 8' EQUIPMENT USED (OHIO) 314

WORK TYPE water main installation DONE FOR I AWC Muncie

COUNTY Delaware TOWNSHIP Center

SUBDIVISION NO LOT N/A

ADDRESS \_\_\_\_\_ STREET Intersection of E Kirby Ave

CROSS STREET & Elm St WITHIN 1/4 MILE Y OR N

SECOND CROSS STREET Seymour

CIRCLE ONE:  IN OR NEAR CITY/TOWN OF: Muncie

LOCATION ON PROPERTY WHERE YOU WILL BE DIGGING:  
Start at Intersection of E Kirby Ave & S Elm  
Going S 150' on Elm both sides of Rd

UTILITIES NOTIFIED AEP Att Trans Comcast IAWC MSI Vectren

DATE & TIME OF CALL 80212 0800 LOCATE GOOD 080612 0845 EXPIRES 8-22-12

ORIGINAL TICKET # 120802 0417 RENEWAL DATE \_\_\_\_\_

TICKET RENEWALS			
DATE	NEW TICKET #	EXPIRES	RENEWAL DATE



# UNDERGROUND UTILITY ACCIDENT REPORT



Company Name <u>Culy Contracting</u>		Job Name <u>IACU Final Sex move</u>
Address <u>5 Industrial Park</u> (Main Office) <u>One Winchester</u>		Address <u>46' South of Elm Kirby on Elm</u>
Crew Members Names Supervisor: <u>T Franklin</u> Workers <u>max Byrd</u> <u>Nathan Rust</u>		Name of Other Witnesses (include phone#, address or employer's name, if possible)
Description of Job <u>24" water main tie in</u>		
Were Utility Lines marked? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Name/Phone# of Locator Service: <u>USIC</u>		
Locator Log # (Confirmation #) <u>1268026417</u> Date Marked: <u>8-3-12</u> By Whom: <u>USIC</u>		
Date of Accident <u>8-13-12</u>		Time of Accident <u>1515</u>
Accident Description (Describe How the Accident Occurred) <u>Hit an unmarked GAS SERVICE</u>		
Describe Damaged Property <u>1" PLASTIC GAS SERVICE</u>		
List Owner of Damaged Property Name <u>Deer</u> Address: _____ Phone # _____		
Sketch of Job Where Accident Occurred (Sketch)		
<p>Show Trench Point of Damage (approx.) Location &amp; Depth of Utility Line Where were Marked &amp; Unmarked Identify Location of Photos Show Direction of North</p>		
List Names of Emergency Response Personnel (Police, Fire, EMTs, etc.) Names: _____ Badge# _____		
Name of Person Completing This Report: (Print Name) <u>Tom Franklin</u> (Signature) <u>[Signature]</u>	Name of Photographer (If Video or Photo(s) were taken) (Print Name) <u>Tom Franklin</u>	When was Report Completed (Date) <u>8-14-12</u> (Time) <u>0600</u>



MUNSYANA PARK

Public Housing Authority



