



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Jason Sturgeon Superior Services**

UPPAC Database Record ID: 3604

Investigator: Howard Friend

Report Date: 10/25/2012

Damage Date: 8/21/2012 3:32:45 PM

Damage Address: 308 Cobb Rd

City: Lawrenceburg

County: Dearborn

### The Parties

Excavator: **Jason Sturgeon Superior Services**

Contact: Jason Sturgeon

Address: 306 Diehl Dr, Lawrenceburg, In 47025

Telephone: (812) 584-2900

Facility Owner: Aurora Utilities

Contact: Randolph Turner

Address: 110 Main Street, Aurora, IN 47001

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

**Investigation regarding: Jason Sturgeon Superior Services**

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**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$25

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

Excavator request locates: Yes Indiana 811 ticket Number: 1207311726

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Electric

**Synopsis:** A natural gas service was damaged during excavation to install an electric line.

**Findings:** Damage occurred 21 days after initial locate request. Reported by Indiana 811; excavator signed for initial notice on 09/17/2012 but has not submitted a response.

**Conclusion:** Excavator failed to provide notice of excavation.

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



# DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: August 22nd, 2012

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## Who is submitting this information?

Name of person providing this information: Randolph Turner

Business address (*number and street*): 110 Main St PO Box 120

City, State, and ZIP code: Aurora IN 47001

Telephone number (*area code*): 812-926-2745

Fax number (*area code*): 812-926-1763

E-mail address: waterman310@hotmail.com

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## Excavator Information, if known

Full name: Jason Sturgeon

Business address (*number and street*): 306 Diehl St

City, State, and ZIP code: Lawrenceburg IN 47025

Telephone number (*area code*): 812-584-2900

Fax number (*area code*): N/A

E-mail address: ss@webmail.biz

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## Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Electric

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**Date and Location of Damage**

Date of damage (month, day, year): August 21st, 2012

County: Dearborn

City: Aurora

Street address (number and street, city, state, and ZIP code):  
308 Cobb Rd. Aurora IN 47001

Nearest intersection: Ridge Avenue

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 \$<sup>25</sup>

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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? 15

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1207311726

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Utility Owner

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

If other, please specify: \_\_\_\_\_

Was site marked by "White Lining"? No

Were special instructions part of the locate request? Yes

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? Yes

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: Other

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### Additional Comments

PE 1/2" service line was right beside the retired 3/4" x-tru coat service, contractor found the x-tru coat line and thought he was clear for digging, then he found the PE line and damaged it. The lines were 6" apart.

# TELEPHONIC REPORT OF CUSTOMER LEAK

City/Company: Aurora Utilities

## Customer Leak Information

Time Call Received: 3:00 a.m.  p.m.

Date: 8-21-12

Name of Caller: ~~Tom~~ Jason Sturgeon

Caller's Phone Number: 812-584-2900

Name of Customer if not Caller: \_\_\_\_\_

Address of Leak: 308 Cobb

Nature of Complaint Odor  Blowing Gas  Dead Vegetation

Other (Describe): Hit gas line

Is the gas odor or sound inside the residence? Yes  No

If yes, where is it located? (at the water heater, at the heating system, at the stove, in the hall, in the kitchen, etc.): \_\_\_\_\_

Is the gas odor or sound outside the residence? Yes  No

If yes, where is it located? (at the meter, near the street, at the house, in the ditch, at the pool, at the gas grill, etc.): \_\_\_\_\_

Yard

How long have you been smelling or hearing the gas? Just hit gas line

Will someone be home for us to check the leak? Yes  No

## Leak Response Information

Time Investigator Dispatched: 3:03 a.m.  p.m.

Date: 8-21-12

Name of Investigator: G.V. RB T.M

Time of Investigator Arrival at Scene of Leak: 3:10 a.m.  p.m.

Action Taken: Squeezed off line. Used two 1/2 inch couplings & a two foot piece of 1/2 inch line to put back together. Line was pressure test to 100 lb. Put back together no leaks

Time of Investigator Completion at Scene of Leak: 3:30 a.m.  p.m.

Additional Follow-up Required? Yes  No

If yes, what type of follow-up? Check with gas detector

Additional Remarks: \_\_\_\_\_

Investigator Signature: Tom Miller

ID2745 00007 IUPPSa 08/21/2012 15:32:49 1208213066-00A EMER DAMG GRID

DAMAGE DAMAGE

Ticket : 1208213066 Date: 08/21/2012 Time: 15:29 Oper: LPORTER Chan:046

State: IN Cnty: DEARBORN Twp: LAWRENCEBURG  
Cityname: LAWRENCEBURG Inside: Y Near: N  
Subdivision:

Address : 308  
Street : COBB RD  
Cross 1 : RIDGE AVE Within 1/4 mile: Y  
Location: LOCATE THE ENTIRE PROPERTY  
:  
Grids : 3904D8453A 3904D8454D  
Boundary: n 39.070297 s 39.067566 w -84.901955 e -84.896370

Work type : INSTALLING A GEO THERMAL  
Done for : MIKE PASQUINO  
Start date: 08/21/2012 Time: 15:29 Hours notice: 0/0 Priority: EMER  
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
Duration : 1 WEEK Depth: 175 FEET

Company : JASON STURGEON SUPERIOR SERVICES Type: CONT  
Co addr : 306 DIEHL DR  
City : LAWRENCEBURG State: IN Zip: 47025  
Caller : JASON STURGEON Phone: (812)584-2900  
Contact : JASON STURGEON---CELL Phone:  
BestTime:  
Mobile : (812)584-2900  
Email : SS@USWEBMAIL.BIZ

Remarks : All tickets are taken and processed on Eastern Daylight Time  
PER JASON STURGEON - HIT 2 AURORA GAS LINES - FACING PROPERTY DIGGIN ON LEFT  
SIDE - CREW STILL ON SITE - GAS COMPANY HAS BEEN NOTIFIED AND DID TEMPORARY FIX  
- LINE WAS YELLOW LINE AND ORANGE LINE - PREVIOUS TICKET 1207311726  
Will you be white-lining the dig site area? NO  
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Submitted date: 08/21/2012 Time: 15:29  
Members: ID0002 ID2034 ID2745 ID3694 ID5857 SM

8-22-12 Located by RB Tom

# AURORA UTILITIES

Address 308 COBB

Folio No. 12308.901

Name Donna Montgomery

SERVICE SKETCH ON BACK

GAS		WATER		SEWER	
SIZE	LENGTH	SIZE	LENGTH	SIZE	LENGTH
<u>1/2"</u>	<u>110'</u>				
KIND OF PIPE <u>PLASTIC</u>		KIND OF PIPE		KIND OF PIPE	
DEPTH	SOIL TYPE	DEPTH	SOIL TYPE	DEPTH	SOIL TYPE
METER LOCATION <u>side</u>		METER LOCATION		EXITS HOUSE	
CURB VALVE LOCATION		CURB VALVE LOCATION		CLEAN OUT LOCATION	
TAP LOCATION		TAP LOCATION		TAP LOCATION	
MAIN SIZE	DEPTH	MAIN SIZE	DEPTH	MAIN SIZE	DEPTH
DATE INSTALLED		DATE INSTALLED		DATE INSTALLED	
COMPLETED BY					

