



Pipeline Safety Division Investigation Report

Investigation regarding: **Community Natural Gas, Inc.**

UPPAC Database Record ID: 3630

Report Date: 5/8/2013

Investigator: Mike Orr

Damage Date: 8/23/2012

Damage Address: 3490 Us 231, Freedom, Owen

The Parties

Excavator: **Donald R Mauder**

Address: 1847 S Trout Dr., Spencer, In 47460

Facility Owner: **Community Natural Gas, Inc.**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Drainage

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$0

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1208152091

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Community Natural Gas, Inc.; excavator did not respond to initial notice mailed 9/14/2012. The excavator/property owner had a valid locate request. The operator reports that the locator located the wrong address and failed to respond to the locate request.

Conclusion: The locator for the operator failed to locate the natural gas facility.

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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 28, 2012

Who is submitting this information?

Name of person providing this information: Bill Herrington (Community Natural Gas)

Business address (*number and street*): 261 W Clay St.

City, State, and ZIP code: Spencer, IN 47460

Telephone number (*area code*): (812) 829-3505

Fax number (*area code*): (812) 829-4033

E-mail address: commgas@sbcglobal.net

Excavator Information, if known

Full name: Donald R Mauder

Business address (*number and street*): 1847 S Trout Dr.

City, State, and ZIP code: Spencer, IN 47460

Telephone number (*area code*): (812) 828-0073

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Date and Location of Damage

Date of damage (*month, day, year*): Aug 23, 2012

County: Owen

City: Freedom

Street address (*number and street, city, state, and ZIP code*):
3490 US 231, Freedom, IN

Nearest intersection: Goosecreek 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? _____

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

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? 18

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1208152091

Was the locate request completed within two working days? No

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? No

Were facilities marked correctly? No

Type of markings used:

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? No

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

Description of Cause

Select from the list the most accurate cause for the damage: --Facility was not located or marked

Additional Comments

Employee went to wrong address so locate was not done.

Excavator not at fault. Gas operator failed to locate or provided incorrect markings. MAO 8/29/2012.

Community Natural Gas Co., Inc.

LOCAL OFFICE:
116 N. Main St.
P. O. Box 459
Owensville, IN 47665
(812) 729-7905

LOCAL OFFICE:
303 N. Washington St.
P. O. Box 320
Dale, IN 47523
(812) 937-2376

LOCAL OFFICE:
261 W. Clay St.
P. O. Box 615
Spencer, IN 47460
(812) 829-3505

BUSINESS OFFICE:
118 N. Division St.
Mt. Carmel, IL 62863
(618) 262-5108

Subject: Notice of Pipeline Operator Violation
ID: 3630 dated 8/23/12

Response of Community Natural Gas Co., Inc.

This locate was the responsibility of our serviceman, Donald Ranard. At a meeting on 2/7/13, Mr. Ranard, Bill Herrington (supervisor) and Donald Kieffer (President) discussed this missed locate. Mr. Ranard stated that there was an earlier locate on this same road and he believed that this was a call to refresh his old marks. Mr. Ranard stated that in the future he will take a copy of the locate with him and refer to the map of the area and also take a copy of the service line card to verify proper location of the gas lines.

Mr. Ranard was reprimanded for his oversight and was told that a copy of this report goes in his file. Any future violation will result in suspension of line location duty and require additional training and retaking all OQ modules required for requalification of this task.

Sincerely,



Donald Kieffer
Community Natural Gas Co., Inc.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3630

Your Full Name: Donald E Kieffer

Full Name of Business / Entity (if applicable): Community Natural Gas Co., Inc.

Your Business Title (if applicable): President

Address (number and street): 118 N Division St.

City: Mt. Carmel State: IL ZIP Code: 62863

Your E-mail Address: commgas@frontier.com

Today's Date (month, day, year): 10/15/2012

Your Signature: Donald E Kieffer Title (if any) President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3630
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

No Add't info