



Pipeline Safety Division Investigation Report

Investigation regarding: **Mehling Construction**

UPPAC Database Record ID: 3631

Investigator: Howard Friend

Report Date: 12/14/2012

Damage Date: 8/20/2012

Damage Address: 302 Long Cove Dr.

City: Huntingburg

County: Dubois

The Parties

Excavator: **Mehling Construction**

Contact:

Address: 2759s St. Anthony Rd. N., St. Anthony, In 47575

Telephone: 812-631-3003

Facility Owner: Huntingburg Municipal Utilities

Contact: Greg Schmitt

Address: 508 N Van Buren Street, Huntingburg, IN 47542

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: Mehling Construction

UPPAC Database Record ID: 3631

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$529

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1208150354

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Landscaping

Synopsis: A natural gas main was damaged during excavation to remove a tree stump.

Findings: Reported by Huntingburg Municipal Utilities; excavator's response to initial notice was received on 9/19/2012. The excavator had a valid locate request and the operator provided accurate locate markings. The excavator was using the backhoe boom to pull the backhoe out of a hole and while doing so damaged the natural gas main with a tooth on the backhoe bucket.

Conclusion: Excavator failed to maintain the required clearance with mechanized equipment.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3631

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: MEHLING CONSTRUCTION

Responsible Party Personal Name: N/A

Title (if any): N/A

Address (number and street): 2759S ST. ANTHONY RD. N.

City, State and ZIP Code: ST. ANTHONY IN. 47575

Preferred Telephone Number (area code): 812-631-3003

Cellular Telephone Number (area code): N/A

Email Address: N/A

Facility Information:

Business Name: HUNTINGBURG UTILITIES

Responsible Party Personal Name: GREG SCHMITT

Title (if any): GAS CREW CHIEF

Address (number and street): 508N. VAN BUREN ST.

City, State and ZIP Code: HUNTINGBURG IN. 47542

Preferred Telephone Number (area code): 812-683 3622

Cellular Telephone Number (area code): 812-630-4834

Email Address: gschmitt@huntingburg-in.gov

Locator Service Information:

Business Name: we locate our gas facility

Responsible Party Personal Name: Steve Harris

Title (*if any*): GAS SERVICE TECH.

Address (*number and street*): SAME

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*): Waterway Improvement

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

Personal Contact: N/A

Business/Organization 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: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 302 LONG COVE DR. _____

City, State and ZIP Code: HUNTINGBURG IN. 47542 _____

Nearest Intersection: W.FIRST ST. _____

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

Size (Diameter/etc.): 2" _____

Pressure (PSIG/Inches): 30 psi _____

Interruption in Service: Yes No **Number of Customers Affected:** 1 _____

Evacuation: Yes No **If yes, How Many Evacuated?** _____

Repair Cost (if known): \$ 528.94 _____

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: 1208150354 _____

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: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: _____

Your Full Name: _____

Full Name of Business / Entity (*if applicable*): _____

Your Business Title (*if applicable*): _____

Address (*number and street*): _____

City: _____ State: _____ ZIP Code: _____

Your E-mail Address: _____

Today's Date (*month, day, year*): _____

Your Signature: _____ Title (*if any*) _____

Please return your Narrative Statement to:

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

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Aug 31, 2012

Who is submitting this information?

Name of person providing this information: GREG SCHMITT (Huntingburg Municipal Gas)

Business address (*number and street*): 508N VAN BUREN ST.

City, State, and ZIP code: HUNTINGBURG IN. 47542

Telephone number (*area code*): 812-683-3622

Fax number (*area code*): 812-683-5102

E-mail address: gschmitt@huntingburg-in.gov

Excavator Information, if known

Full name: MEHLING CONSTRUCTION

Business address (*number and street*): 2759S ST. ANTHONY RD. N.

City, State, and ZIP code: ST. ANTHONY, IN 47575

Telephone number (*area code*): 812-631-3003

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Waterway Improvement

Date and Location of Damage

Date of damage (*month, day, year*): Aug 20, 2012

County: DUBOIS

City: HUNTINGBURG

Street address (*number and street, city, state, and ZIP code*):
302 LONG COVE DR.

Nearest intersection: W. FIRST ST.

Right of way where damage occurred: Private Easement

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*): 2

Enter number of injuries, if applicable and known: _____

Enter number of fatalities, if applicable and known: _____

Property damage, Estimate \$ _____

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

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: 1208150354

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 and Flags

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? 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: --Failure to maintain clearance

Additional Comments

CONTRACTOR WAS DIGGING OUT TREE STUMP AND FILLING IN STUMP HOLE. HE SUNK INTO THE DITCH LINE AND REACHED OUT WITH THE BUCKET TO PUSH HIMSELF OUT PUTTING A TOOTH THROUGH THE 2" PE MAIN. THE STUMP WAS ABOUT 5' AWAY FROM MAIN.