



Pipeline Safety Division Investigation Report

Investigation regarding: **Reliable Concrete And Construction**

UPPAC Database Record ID: 3673

Report Date: 9/11/2013

Investigator: Mike Orr

Damage Date: 8/29/2012 9:06:17 AM

Damage Address: W 2nd St, Clear Creek, Monroe

The Parties

Excavator: **Reliable Concrete And Construction**

Address: 281 Pattonview, Bedford, In 47421

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Data Not Collected

Type of Work Performed: Curb / Sidewalk

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: 1208200286

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas main while performing curb/sidewalk work.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 9/14/2012. Excavator had a valid locate ticket; however, the gas operator self reported a failure to provide facility locate markings.

Conclusion: There was a failure to provide facility locate markings.

Violation: IC 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: 8/29/2012

Event Location: W 2nd St, Clear Creek

Facility Owner: Vectren

Excavator: Reliable Concrete And Construction

Other Party: N/A

Pipeline Division Case No. 3673

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

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

Submitted to IURC-Pipeline Safety on: 9-28-2012

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: Reliable Concrete & Construction

Business address (*number and street*): 281 Pattonview

City, State, and ZIP code: Bedford, IN 47421

Telephone number (*area code*): 812-329-9466

Fax number (*area code*): 812-279-2270

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Data Not Collected

Type of work performed: Curb/Sidewalk

Date and Location of Damage

Date of damage (month, day, year): 8-29-2012

County: Monroe

City: Bloomington, IN

Street address (number and street, city, state, and ZIP code):
2nd & College, Bloomington, IN

Nearest intersection: Same

Right of way where damage occurred: Dedicated Public Utility 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? 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 \$^{1,500}

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?

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1208200286

Was the locate request completed within two working days? No

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: Other

If other, please specify: None

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: --Facility marking or location not sufficient

Additional Comments

2" plastic main damaged by form stake. Not Marked.

Vectren Claim Number: _____

FDS0010827

Task No: _____ Capital / O & M (circle one)

Police Report / MO #: _____

Date of Damage 8 / 29 / 12

Vectren Claims Camera:

Cost Center # 5724

FACILITIES DAMAGE REPORT

GAS

VE02215
4

Time Occurred 9:15 am / pm

Time Found 9:25 am / pm

Latitude 37.096902 Longitude: -86.321250

DAMAGE SITE:

Address 2ND & College Lot # _____

FACILITY TYPE:

- Distribution Propane
- Service Storage
- Transmission: (include supplemental report)

County MONROE City Bloomington State IN Township _____

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 checked="" type="checkbox"/> Main	0.75 inch	<input 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	2.00 inch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regulator Station	3.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Relief Valve	4.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Riser	5.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Service Line	6.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Valve	10.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	20.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	Other			

VISUAL OBSERVATION AT DAMAGE SITE: 8/31

- Visual Observation: Above Ground Below Ground
- Locate Applicable: Yes No N/S
- Facilities Properly Marked: Yes No N/S
- Marking Methods: Conventional Flags None Whiskers
- Offset Paint Stakes
- Locate Marking 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 Markings
- Incomplete Locate
- No Locates Performed
- Qualified Locator Could Have Accurately Located
- Wrong Address Located
- Marking 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
- Company Representative On-Site: Yes No

TYPE OF MATERIAL:

- Cast Iron
- Plastic (HDPE)
- Plastic (MDPE)
- Steel
- Other _____

1.943

Size _____ x _____

DAMAGE TYPE:

- Severed
- Not Cut
- Severed

PRESSURE:

- 25 PSIG
- 40 PSIG
- 50 PSIG
- 55 PSIG
- 60 PSIG
- 6 WC (2163)
- 7 WC (252)
- Other _____

35449

PROTECTION IN PLACE:

- Building Fence None
- Post Rail Vault N/A
- Other _____

DURATION OF ESCAPING GAS:

Minutes: 1.75 hrs

LEAK REPORT

NUMBER: 20732

EFV Activated Yes No N/S

Observation by (ID#): 7074

FEED TYPE:

- One-Way Feed
- Two-Way Feed

Number of Customers Affected: _____
 Total Hours Service: _____
 Was Off: _____

Ran Bypass Commercial Area

Name of Locator: _____

LOCATING ORGANIZATION:

- Contract Locator
- Unknown / Other
- Utility Owner

SERVICE ORDER NUMBER: U5351851

DAMAGED BY:

- Company Crew
- Contractor
- County
- Developer
- Farmer
- Municipality
- Property Owner/ Tenant
- Railroad
- State
- Unknown
- Utility
- Vehicle Accident
- Other _____

TYPE OF CONSTRUCTION:

- Agriculture
- Building Construction
- Building Demolition
- Cable TV
- Curbs / Sidewalk
- Drainage
- Driveway
- Electric
- Engineering / Surveying
- Fencing
- Grading
- Irrigation
- Landscaping
- Liquid Pipeline
- Milling
- Pole
- Natural Gas
- Public Transit Authority
- Railroad Maintenance
- Other _____

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

Locate Ticket: _____
 Date: _____ Time: _____ am / pm

TYPE OF REQUEST:

- Regular Request Emergency Request
- Locate Company Notified
- Contact Name: _____
- Time Called: _____ am / pm
- Time Locator Arrived at the Site: _____ am / pm

Company Notified of Locate Near Critical Facilities
 Yes No N/S

Copy of Mark Out Request Provided Within 2 Working Days
 Yes No N/S

ONE-CALL CENTER:

- IUPPS
- OUPS
- Unknown

Vectren Claim Number: _____

TYPE OF EQUIPMENT:

- Auger
- Backhoe / Track hoe
- Boring
- Drilling
- Explosives
- Farm Equipment
- Grader / Scraper
- Hand Tools
- Milling Equipment
- Plow
- Probing Device
- Trencher
- Vacuum Equipment
- Vehicle
- Other _____

ROOT DAMAGING CAUSE:

- Abandoned 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 Required
- Improper Backfilling
- Incorrect Records / Maps
- Marking or Location Not Sufficient
- No Notification Made to One-Call
- One-Call Notification Error
- Previous Damage
- Wrong Information Provided
- Other _____

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: Muller Pipeline
 # of Regular Hours: 3 mo
 # of Overtime Hours: _____
 # of Regular Hours: _____
 Crew Type: 2 man

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

Did Excavator Notify You Yes No
 Excavation Required Yes No
 Media at Site Yes No
 Was There Ignition of Gas? Yes No

INVOICE: Yes No N/S

DAMAGING PARTY:
 Name: Lowville Gasworks
 Address: _____
 City/ State/ Zip: _____
 Phone: (814) 329-9466
 Prepared / Investigated By: George Owen Date: 9-27-12
P. Owen ZACH HARDEN -329-9466

PARTY TO INVOICE:
 Name: USIC
 Address: _____
 City/ State/ Zip: _____
 Phone: () _____
 Reviewed by Field Supervisor: Ronald Powers Date: 9/4/12

NORMAL NOTICE

Ticket : 1208200286 Date: 08/20/2012 Time: 07:49 Oper: DSEGO Chan:087

State: IN Cnty: MONROE Twp: PERRY
 Cityname: CLEAR CREEK Inside: Y Near: N
 Subdivision:

Address :
 Street : W 2ND ST
 Cross 1 : S COLLEGE AVE Within 1/4 mile: Y
 Location: LOCATE A 200 FOOT RADIUS OF THE NORTHEAST CORNER OF THE ABOVE
 INTERSECTION
 :
 Grids : 3909B8632D

Work type : REPLACING CURBS AND SIDEWALKS
 Done for : CITY OF BLOOMINGTON
 Start date: 08/22/2012 Time: 08:00 Hours notice: 48/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 2 WEEKS Depth: 3 FEET

Company : RELIABLE CONCRETE AND CONSTRUCTION Type: CONT
 Co addr : 281 PATTONVIEW
 City : BEDFORD State: IN Zip: 47421
 Caller : ZACHARY HARDIN Phone: (812)329-9466
 Contact : ZACHARY HARDIN---CELL Phone:
 BestTime:
 Mobile : (812)329-9466
 Fax : (812)279-2270
 Email : RELIABLECONCRETECONSTRUCTION@GMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 Will you be white-lining the dig site area? YES
 :

Submitted date: 08/20/2012 Time: 07:49
 Members: ID0002 ID1443 ID3147 ID3452 ID3740 ID5960 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
BLOOMINGTON TRAFFIC DIVISION, CITY OF	TRAFFIC
BLOOMINGTON UTILITIES, CITY OF	SEWER & WATER
COMCAST CENTRAL (BLOOMINGTON)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
INDIANA UNIVERSITY - BLOOMINGTON	
VECTREN - BLOOMINGTON	GAS

[View Map](#)

[Close Map](#)

View Ticket Information

District:

Ticket Number:

Start Work Date: 08/28/2012

Start Time: 15:42

End Work Date: 08/28/2012

End Time: 15:42

Work Desc: NLR-No Buried Fac In Conflict (1) [VECTREN N]

Type of Work: REPLACING CURBS AND SIDEWALKS

Locator Notes:

Locator ID: 131082

Complete? Yes

[Click here to view ticket text and photos.](#)

DAMAGE DAMAGE--SEE REMARKS

Ticket : 1208290604 Date: 08/29/2012 Time: 09:00 Oper: CALEVI Chan:031

State: IN Cnty: MONROE Twp: PERRY
 Cityname: CLEAR CREEK Inside: Y Near: N
 Subdivision:

Address :
 Street : W 2ND ST
 Cross 1 : S COLLEGE AVE Within 1/4 mile: Y
 Location: LOCATE A 200 FOOT RADIUS OF THE NORTHEAST CORNER OF THE ABOVE
 INTERSECTION
 :
 Grids : 3909B8632D

Work type : REPLACING CURBS AND SIDEWALKS
 Done for : CITY OF BLOOMINGTON
 Start date: 08/29/2012 Time: 09:01 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 2 WEEKS Depth: 3 FEET

Company : RELIABLE CONCRETE AND CONSTRUCTION Type: CONT
 Co addr : 281 PATTONVIEW
 City : BEDFORD State: IN Zip: 47421
 Caller : ZACHARY HARDIN Phone: (812)329-9466
 Contact : ZACHARY HARDIN---CELL Phone:
 BestTime:
 Mobile : (812)329-9466
 Fax : (812)279-2270
 Email : RELIABLECONCRETECONSTRUCTION@GMAIL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 PER ZACHARY--HAVE HIT A GAS LINE--HE BELIEVES IT IS NOT SPEWING--CREW IS ON SITE--IT
 IS ON THE NORTHWEST CORNER OF THE INTERSECTION--INSIDE OF THE HANDICAP RAMP--CAN
 NOT DESCRIBE THE GAS LINE--WILL CALL 911--WILL CALL VECTREN--PREVIOUS TICKET
 NUMBER-1208200286

Will you be white-lining the dig site area? YES

Submitted date: 08/29/2012 Time: 09:00
 Members: ID0002 ID1443 ID3147 ID3452 ID3740 ID5960 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
BLOOMINGTON TRAFFIC DIVISION, CITY OF TRAFFIC	
BLOOMINGTON UTILITIES, CITY OF	SEWER & WATER
COMCAST CENTRAL (BLOOMINGTON)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
INDIANA UNIVERSITY - BLOOMINGTON	
VECTREN - BLOOMINGTON	GAS

[View Map](#) | [Close Map](#)



Property of United States Infrastructure Corporation
Photo taken on 8/29/2012 9:43:23 AM



Property of United States Infrastructure Corporation
Photo taken on 8/29/2012 9:43:31 AM



Property of United States Infrastructure Corporation
Photo taken on 8/29/2012 9:43:45 AM



Property of United States Infrastructure Corporation
Photo taken on 8/29/2012 9:44:01 AM



Property of United States Infrastructure Corporation
Photo taken on 8/29/2012 9:44:27 AM

Service Order Status

Enter Service Order Number:

5351851



[Clear Form](#) [Refresh Data](#)

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5351851
Order Type: INVE
Order Status: Completed

Customer: 008888888 - INACTIVE CUSTOMER
Prem: 5723719 - 2ND & COLLEGE

Technician: 7074 - Owen, Geoffrey

Order Dates and Times

Need Date: 8/29/2012 9:16:00 AM
Time Created: 8/29/2012 9:15:01 AM
Time Dispatched: 8/29/2012 9:15:01 AM
Time In Route: 8/29/2012 9:16:59 AM
Time On-Site: 8/29/2012 9:20:27 AM
Tech Complete: 8/29/2012 11:17:14 AM
Time Closed: 8/29/2012 11:17:14 AM

Events Performed/Completion Code

IVEG - CMP

Meter Information

Current ReadStatus

Old Meter:
New Meter:

Completion Notes

CONTRACTOR DUING CONCRETE WORK DROVE A CONCRETE SPIKE THRU 2 IN MAIN CKD SEWERS & STORM DRAINS NO GAS READS CKD FOUNDATIONS OF NEARBY BUILDINGS OK NO GAS READS INSIDE MILLER CREW ONSITE TO MAKE REPAIRS

Request Notes

PER ZACH HARDIN WITH RELIABLE CONCRET & CONSTRUCTION/PH 812 329 9466/REPORTINGPUSHED PIN IN LINE WHI LE SETTING UP FOR CONCRETE/NO INFO ON SIZE/NO PETS/LOC#1208290604/GAVE PREC....811 LOCATE #120820028 6

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	8/29/2012 9:15:26 AM	Owen, Geoffrey
AsnAssignmentEnRoute_evt	8/29/2012 9:16:59 AM	Owen, Geoffrey
AsnAssignmentOnSite_evt	8/29/2012 9:20:27 AM	Owen, Geoffrey
OrdOrderComplete_evt	8/29/2012 11:17:14 AM	Owen, Geoffrey

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