



Pipeline Safety Division Investigation Report

Investigation regarding: **Fox Contractor**

UPPAC Database Record ID: 3692

Investigator: Howard Friend

Report Date: 12/14/2012

Damage Date: 8/30/2012 10:47:06 AM

Damage Address: Saylor St

City: Zionsville

County: Boone

The Parties

Excavator: **Fox Contractor**

Contact: Jason Brown

Address: 5430 Ferguson Road, Fort Wayne, In 46809

Telephone:

Facility Owner: Vectren

Contact: Darlene Kulhanek

Address: 1 N Main Street, Evansville, IN 47702

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Fox Contractor

UPPAC Database Record ID: 3692

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries:

Fatalities:

Repair Cost (if known): \$500

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number: Used another contractors #

Type of Equipment: Trencher

Type of work performed: Storm Drain

Synopsis: A natural gas service was damaged during excavation to install street drainage tile.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 10/1/2012. The excavator was working with locates that had been provided for E & B Paving. The operator provided accurate locate marks for the original excavator. Fox Contracting failed to provide notice of excavation and failed to maintain two (2) foot of clearance with the original markings.

Conclusion: There was a failure to provide notice of excavation.

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



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

Case Number: 3692

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: EB PAVING CO. INC.

Responsible Party Personal Name: RON RICHMOND

Title (if any): SUPERINTENDENT

Address (number and street): 17042 MIDDLETOWN AVE.

City, State and ZIP Code: NOBLESVILLE INDIANA 46060

Preferred Telephone Number (area code): 317-773-4132

Cellular Telephone Number (area code): 317-695-3194

Email Address: RON.RICHMOND@EBPAVING.COM

Facility Information:

Business Name: TOWN OF ZIONSVILLE

Responsible Party Personal Name: LANUE LANTZ

Title (if any): STREET DEPT. SUPERINTENDENT

Address (number and street): 1705 PARKWAY DRIVE

City, State and ZIP Code: ZIONSVILLE INDIANA 46077

Preferred Telephone Number (area code): 317-873-4544

Cellular Telephone Number (area code): 317-446-5290

Email Address: KLANTZ@ZIONSVILLE-IN.GOV

Locator Service Information:

Business Name: USIC

Responsible Party Personal Name: DAVE TAYLOR

Title (if any): LOCATOR

Address (number and street): UNKNOWN

City, State and ZIP Code: UNKNOWN

Preferred Telephone Number (area code): UNKNOWN

Cellular Telephone Number (area code): 317-645-8052

Email Address: UNKNOWN

Cause of Damage Information

Type of Equipment (select one): TRENCHER

Type of Work Performed (select one): UNDER DRAINS

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

Personal Contact: JASON BROWN

Business/Organization Name: FOX CONTRACTORS INC.

Title (if any): FOREMAN

Address (number and street): 5430 FERGUSON ROAD

City, State and ZIP Code: FT. WAYNE INDIANA 46809

Preferred Telephone Number (area code): 260-747-7461

Cellular Telephone Number (area code): 260-740-1886

Email Address: JBROWN@FOXCONTRACTORS.COM

Utility Line Impact

Location of Damage:

Address (number and street): 1580 SAYLOR STREET

City, State and ZIP Code: ZIONSVILLE INDIANA 46077

Nearest Intersection: SAYLOR ST. & IRON GATE

Product Type (select one): GAS (VECTREN)

Facility Type (select one): RESIDENTIAL

Size (Diameter/etc.): 1" SERVICE

Pressure (PSIG/Inches): UNKNOWN

Interruption in Service: Yes? No Number of Customers Affected: UNKNOWN

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

Repair Cost (if known): \$ UNKNOWN

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: [#] 1208212646

Locate Marks Visible: Yes No
 Locate Marks Correct: Yes No
 Excavator "White Lined": Yes No
 Maps Used to Mark Facilities: Yes ? No UNKNOWN
 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: NONE
 Number of Inpatient Treated: NONE
 Number of Fatalities: NONE

Fire Department Response: Yes No
 Police Department Response: Yes No
 Ambulance Response: Yes No

Additional Information / Comments { MARK STEPHENS E&B FOREMAN 317-460-0224
 WITNESS { RICK NEFF E&B LABOR 765-749-0197

E&B PAVING LOCATE TICKET # 1208212646 START DATE AUG 23 AT 2:15 AM
 EXPIRE 9-10-12 EXTEND BY 9-6-12. WORK PERFORMED BY E&B PAVING
 ON E&B PAVING LOCATE # 1208212646 STARTED ON 8-27-12 & E&B
 PAVING COMPLETED ITS WORK ON 8-28-12. WORK PERFORMED
 BY E&B PAVING WAS COMPLETED WITH OUT INCIDENT OR DAMAGE
 TO ANY UTILITIES ON SAYLOR ST. ALL EXCAVATION PERFORMED
 BY E&B PAVING WAS HAND DUG PRIOR TO ANY EXCAVATION OVER
 UTILITIES WITH PICTURES. LOCATES WERE MARKED & DISHED ON CURBS
 & GRASS AREAS. EXCAVATION AREAS WERE WHITE LINE FOR LOCATER
 FOX CONTRACTOR INC. PERFORMED TRENCHING ON 8-30-12 PLACING
 UNDERDRAINS WHEN STRIKE TO UETREN 1" GAS SERVICE OCCURED
 THE RESPONSIBLE PARTY FOR STRIKE WAS FOX CONTRACTORS, INC
 NOT E&B PAVING — FOX CONTRACTOR DAMAGE TICKET # 1208301503

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3692

Your Full Name: RONALD G. RICHMOND

Full Name of Business / Entity (if applicable): E E B PAVING CO. INC.

Your Business Title (if applicable): SUPERINTENDENT

Address (number and street): 17042 MIDDLETOWN AVE

City: NOBLESVILLE State: IN. ZIP Code: 46060

Your E-mail Address: RON. RICHMOND@EEBPAVING.COM

Today's Date (month, day, year): OCT 1, 2012

Your Signature: Ronald G. Richmond Title (if any) SUPERINTENDENT

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3692
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov









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: 8/30/2012

Event Location: Saylor St, Zionsville

Facility Owner: Vectren

Excavator: E And B Paving

Other Party: N/A

Pipeline Division Case No. 3692

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: 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: Fox Contractors (E & B Paving)

Business address (number and street): 5430 Ferguson Road

City, State, and ZIP code: Ft Wayne, IN 46809

Telephone number (area code): 260-740-1964

Fax number (area code): Unknown

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Trencher

Type of work performed: Drainage

Date and Location of Damage

Date of damage (month, day, year): 8-30-2012

County: Boone

City: Zionsville, IN

Street address (number and street, city, state, and ZIP code):
1580 Saylor Court, Zionsville, IN

Nearest intersection: Unknown

Right of way where damage occurred: Data Not Collected

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 \$ 500

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? _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: Used another contractors # (1208212646-E&B Paving)

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? Yes

Type of markings used: Paint and Flags

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: --No notification made to the one-call center

Additional Comments

1/2" plastic service severed by trencher. No valid locate and not hand exposed.

Task No: 103-0570 Capital / OSP (circle one)
Date of Damage 8/30/12
Cost Center # 5953
Time Occurred 11:00 pm
Time Found 11:15 am / pm
Latitude 39.4676 Longitude: -86.028458

Vectren Claim Number: _____
Police Report / MO #: _____

Vectren Claims Camera:

FACILITIES DAMAGE REPORT GAS

VE00374
Form 3112

DAMAGE SITE:
Address 1500 Saylor Ct Lot # _____
County Boone City Zionsville State Ind Township _____

FACILITY TYPE:
 Distribution Propane
 Service Storage
 Transmission: (include supplemental report)

FACILITIES DAMAGED:	ORIFICE SIZE(S):	(1)	(2)	(3)
<input type="checkbox"/> Farm Tap	0.50 inch	<input checked="" 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 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 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 checked="" 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"/>
<input type="checkbox"/> Other _____	20.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VISUAL OBSERVATION AT DAMAGE SITE: 8/30
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

TYPE OF MATERIAL: Cast Iron Plastic (HDPE) Plastic (MDPE) Steel Other _____
DAMAGE TYPE: Severed Not Cut Severed
Size 1/2" x 1/2"
PRESSURE: 25 PSIG 40 PSIG 50 PSIG 55 PSIG 60 PSIG 6 WC (.2163) 7 WC (.252) Other _____

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)

PROTECTION IN PLACE: Building Fence None Post Rail Vault N/A Other _____
DURATION OF ESCAPING GAS:
Minutes: 18

Were Facility Marks Visible Yes No Destroyed
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

LEAK REPORT NUMBER: _____
FEED TYPE: One-Way Feed Two-Way Feed
EFV Activated Yes No N/S
Number of Customers Affected: 1
Total Hours Service Was Off: 1

Observation by (ID#): 5913
Name of Locator: _____
LOCATING ORGANIZATION:
 Contract Locator
 Unknown / Other
 Utility Owner

SERVICE ORDER NUMBER: _____
DAMAGED BY: Company Crew Contractor County Developer Farmer Municipality Property Owner/ Tenant Railroad State Unknown Utility Vehicle Accident Other PAVING CREW
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

WORKING FOR: City County Developer State Property Owner Utility

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: _____
 # 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.)

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: For Contractors Corp
 Address: 5430 W Ferguson Road
 City/ State/ Zip: Fort Wayne Ind 46809
 Phone: (260) 740-194 Cell # Shed Wise
M. Spall 8-30-12
 Prepared / Investigated By: _____ Date: _____

PARTY TO INVOICE:
 Name: Same As Damaging
 Address: _____
 City/ State/ Zip: _____
 Phone: (_____) _____
Alexander 9-7-12
 Reviewed by Field Supervisor: _____ Date: _____

For contractor Did not have locate # working for E&B. Paving

NORMAL NOTICE

Ticket : 1208212646 Date: 08/21/2012 Time: 13:58 Oper: SMCCLURE Chan:092

State: IN Cnty: BOONE Twp: EAGLE
 Cityname: ZIONSVILLE Inside: Y Near: N
 Subdivision:

Address :

Street : SAYLOR ST
 Cross 1 : IRONGATE DR Within 1/4 mile: Y
 Location: LOCATE GOING EAST FOR APPROX 400 FEET ON BOTH SIDES OF THE ROAD OF
 SAYLOR CT
 :
 Grids : 3956A8616A 3956A8617D

Work type : REMOVE AND REPLACE STREET

Done for : E&B PAVING

Start date: 08/23/2012 Time: 14:15 Hours notice: 48/048 Priority: NORM

Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N

Duration : 1 WEEK Depth: 3 FEET

Company : E AND B PAVING Type: CONT

Co addr : 17042 MIDDLETOWN AVENUE

City : NOBLESVILLE State: IN Zip: 46060

Caller : RON RICHMOND Phone: (317)773-4132

Contact : RON RICHMOND - CELL Phone:

BestTime:

Mobile : (317)695-3194

Fax : (317)773-4137

Email : RON.RICHMOND@EBPAVING.COM

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

:

Submitted date: 08/21/2012 Time: 13:58

Members: BE ID0002 ID0022 ID1501 ID2469 ID4471 ID9999 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
BRIGHT HOUSE NETWORKS INDIANAPOLIS	CABLE TV
BUCKEYE	PIPELINE
CITIZENS WATER / FORMERLY VEOLIA WATER	WATER
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
MARATHON PIPE LINE CO. - CLERMONT	PIPELINE
VECTREN - DANVILLE	GAS
ZIONSVILLE SEWER DEPARTMENT	SEWER

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

DAMAGE SEE REMARKS

Ticket : 1208301503 Date: 08/30/2012 Time: 10:45 Oper: SLUCAS Chan:060

State: IN Cnty: BOONE Twp: EAGLE
 Cityname: ZIONSVILLE Inside: Y Near: N
 Subdivision:

Address :

Street : SAYLOR ST
 Cross 1 : IRONGATE DR Within 1/4 mile: Y
 Location: LOCATE GOING EAST FOR APPROX 400 FEET ON BOTH SIDES OF THE ROAD OF
 SAYLOR CT

:
 Grids : 3956A8616A 3956A8617D

Work type : REMOVE AND REPLACE STREET
 Done for : E&B PAVING
 Start date: 08/30/2012 Time: 10:46 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 1 WEEK Depth: 3 FEET

Company : E AND B PAVING Type: CONT
 Co addr : 17042 MIDDLETOWN AVENUE
 City : NOBLESVILLE State: IN Zip: 46060
 Caller : RON RICHMOND Phone: (317)773-4132
 Contact : RON RICHMOND - CELL Phone:
 BestTime:
 Mobile : (317)695-3194
 Fax : (317)773-4137
 Email : RON.RICHMOND@EBPAVING.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 A VECTREN SERVICE LINE HAS BEEN HIT IN FRONT OF 1580 SAYLOR STREET - GAS IN NO
 LONGER BLOWING AND GAS IS NOT BEING SMELLED - CREW IS ON SITE - CALLER HAS NOT
 CALLED 911 BUT WAS ADVISED TO DO SO - CALLER DID NOT CALL THE UTILITY YET BUT
 WAS ADVISED TO DO SO - PREVIOUS TICKET NUMBER IS 1208212646 - THANK YOU
 Will you be white-lining the dig site area? YES

:

Submitted date: 08/30/2012 Time: 10:45
 Members: BE ID0002 ID0022 ID1501 ID2469 ID4471 ID9999 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
BRIGHT HOUSE NETWORKS INDIANAPOLIS	CABLE TV
BUCKEYE	PIPELINE
CITIZENS WATER / FORMERLY VEOLIA WATER	WATER
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
MARATHON PIPE LINE CO. - CLERMONT	PIPELINE
VECTREN - DANVILLE	GAS
ZIONSVILLE SEWER DEPARTMENT	SEWER

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



Property of United States Infrastructure Corporation
Photo taken on 8/30/2012 11:00:26 AM



Property of United States Infrastructure Corporation
Photo taken on 8/30/2012 11:00:36 AM



Property of United States Infrastructure Corporation
Photo taken on 8/30/2012 11:00:40 AM



Property of United States Infrastructure Corporation
Photo taken on 8/30/2012 11:07:08 AM



Property of United States Infrastructure Corporation
Photo taken on 8/30/2012 11:08:00 AM

Service Order Status

Monday, September 17, 2012

Enter Service Order Number:

5353094



Equal Form

Refresh Data

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5353094

Order Type: LEAK

Order Status: Completed

Customer: 620513131 - LAIRD ANDREW

Prem: 5120219 - 1580 SAYLOR ST

Technician: 5713 - Spall, Mike

Order Dates and Times

Need Date: 8/30/2012 11:53:00 AM
Time Created: 8/30/2012 11:06:23 AM
Time Dispatched: 8/30/2012 11:06:24 AM
Time In Route: 8/30/2012 11:06:49 AM
Time On-Site: 8/30/2012 11:15:21 AM
Tech Complete: 8/30/2012 1:40:21 PM
Time Closed: 8/30/2012 1:40:21 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current Read Status

Old Meter: 4926 Inactive

New Meter:

Completion Notes

repaired cut service cust not at home l.c.c. on frt. door m.spall

Request Notes

PER BRITTNEY WITH 811 E AND B PAVING HIT GAS LINE/ IT WAS BLOWING/ FRONT OFPROPERTY/ LOCATE # 120821 2646/DAMAGE 1208301503/XST IRON GATE DR/POC RON RICHMOND-317-773-4132/

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	8/30/2012 11:06:42 AM	Spall, Mike
AsnAssignmentEnRoute_evt	8/30/2012 11:06:49 AM	Spall, Mike
AsnAssignmentOnSite_evt	8/30/2012 11:15:21 AM	Spall, Mike
OrdOrderComplete_evt	8/30/2012 1:40:21 PM	Spall, Mike

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