



Pipeline Safety Division Investigation Report

Investigation regarding: **David Hildenbrand**

UPPAC Database Record ID: 3724

Investigator: Howard Friend

Report Date: 12/14/2012

Damage Date: 8/29/2012

Damage Address: 4211w. Hillcrest Dr.

City: Jasper

County: Dubois

The Parties

Excavator: **David Hildenbrand**

Contact:

Address: 4211 West Hillcrest Dr., Jasper In. 47546

Telephone: 812-661-2777

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: Service/Drop

Investigation regarding: David Hildenbrand

UPPAC Database Record ID: 3724

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1207233540 - EXPIRED

Type of Equipment: Auger

Type of work performed: Fencing

Synopsis: Damage to a natural gas service occurred during installation of a fence post.

Findings: Reported by Huntingburg Municipal Utilities; excavator's response to initial notice was received on 12/7/2012. The homeowner provided notice of excavation on 7/23/12 and damaged the line 37 days later. This line was not located when the notice of excavation was provided. If the homeowner had completed the work in the original 20 days, this would have been a violation by the operator.

Conclusion: There was a failure to provide notice of excavation by allowing the original locate request to expire.

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: 3724

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: N/A

Responsible Party Personal Name: David Hildenbrand

Title (if any): Resident / property owner

Address (number and street): 4211 W Hillcrest Dr

City, State and ZIP Code: Jasper, IN 47546

Preferred Telephone Number (area code): 812-634-2025

Cellular Telephone Number (area code): 812-661-2777

Email Address: david.hildenbrand@thermwood.com

Facility Information:

Business Name: Huntingburg Municipal Utilities

Responsible Party Personal Name: Tony Traylor

Title (if any): Superintendent

Address (number and street): 508 North Van Buren St.

City, State and ZIP Code: Huntingburg, IN 46542

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

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: Huntingburg Municipal Utilities

Responsible Party Personal Name: Tony Traylor

Title (if any): Superintendent

Address (number and street): 508 North Van Buren St.

City, State and ZIP Code: Huntingburg, IN 46542

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

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (select one): Boring/Drilling

Type of Work Performed (select one): Fencing

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

Personal Contact: Delbert Mathies

Business/Organization Name: N/A

Title (if any): _____

Address (number and street): 2222 W Division Road

City, State and ZIP Code: Jasper, IN 47546-9723

Preferred Telephone Number (area code): 812-482-1502

Cellular Telephone Number (area code): _____

Email Address: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 4211 W Hillcrest Dr. _____

City, State and ZIP Code: Jasper, IN 47546 _____

Nearest Intersection: W Hillcrest Dr. and S Country Crossing _____

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Service/Drop

Size (Diameter/etc.): 3/4 inch plastic line _____

Pressure (PSIG/Inches): 40 psi _____

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

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

Repair Cost (if known): \$ _____

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: 1207233540 _____

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: ⁰ _____

Number of Inpatient Treated: ⁰ _____

Number of Fatalities: ⁰ _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

Flags were positioned by the property owner indicating where the fence was to be located including the pool house area. Service to house was marked but not to pool house which is where the location of damage occurred. At the time of incident, the utility company was immediately contacted.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3724

Your Full Name: David Hildenbrand

Full Name of Business / Entity (if applicable): N/A

Your Business Title (if applicable): N/A

Address (number and street): 4211 W Hillcrest Dr

City: Jasper State: IN ZIP Code: 47546

Your E-mail Address: david.hildenbrand@thermwood.com

Today's Date (month, day, year): 12/7/2012

Your Signature: _____ Title (if any) Property owner

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3724
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

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: DAVID HILDENBRAND

Business address (*number and street*): 4211 WEST HILLCREST DR.

City, State, and ZIP code: JASPER IN. 47546

Telephone number (*area code*): 812-661-2777

Fax number (*area code*): _____

E-mail address: david.hildenbrand@thermwood.com

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Auger

Type of work performed: Fencing

Date and Location of Damage

Date of damage (*month, day, year*): Aug 29, 2012

County: DUBOIS

City: JASPER

Street address (*number and street, city, state, and ZIP code*):
4211W. HILLCREST DR.

Nearest intersection: 400W

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: _____

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? Service/Drop

What was the depth of the facility, in inches? 24

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1207233540

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? No

Were facilities marked correctly? No

Type of markings used:

If other, please specify: _____

Was site marked by "White Lining"? Yes

Were special instructions part of the locate request? Yes

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

HUNTINGBURG'S GAS UTILITY LOCATING PERSONNEL LOCATED THE SERVICE TO THE HOUSE BUT NOT TO THE POOLHOUSE. THE HOME OWNER HIT THE POOLHOUSE SERVICE.

Excavator had allowed the locate to expire. Had the occupant called to called for a new locate, the utility could have had opportunity to locate the other service. MAO 9/5/2012.