



## Pipeline Safety Division Investigation Report

### Investigation regarding: Qc Communications

UPPAC Database Record ID: 3795

Investigator: Howard Friend

Report Date: 12/27/2012

Damage Date: 9/10/2012 1:38:19 PM

Damage Address: S Shore Ln

City: Franklin

County: Johnson

### The Parties

Excavator: **Qc Communications**

Contact: Nate Kelley, Directional Bore Operator

Address: 7925 West 100 South, Wabash, In 46992

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: Qc Communications**

UPPAC Database Record ID: 3795

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$509

**Excavator Activities/Cause of damage information:**

Excavator request locates: Yes    Indiana 811 ticket Number: 1208070408 - EXPIRED

Type of Equipment: Directional Drilling

Type of work performed: Telecommunications

**Synopsis:** A natural gas service was damaged during excavation for a telecommunications line.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 12/10/2012. The excavator provided notice of excavation on 8/7/12 and damaged the line 34 days later.

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

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

RECEIVED

DEC 10 2012

QC Communications, Inc.  
7925 W. 100 S.

Wabash, IN 46992  
Phone - 800-421-0582  
qccomm3@yahoo.com

Locate Description Sheet INDIANA UTILITY REGULATORY COMMISSION

IUPPS - 800-382-5544

Caller: Chris Kemp  
Phone: \_\_\_\_\_

Work Done For: Energy meter

Subdivision(if any): Franklin Lakes

Type of Work: Fiber extension

Address of Dig Site: 960 South shore ct

City: Franklin

County: Johnson

Township: Franklin

Nearest Intersection: Franklin Lakes Blvd

Within 1/4 mile Y  N

Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ticket # 1208070408

Ticket Refresh # \_\_\_\_\_

Good: 

Date	Time
_____	_____

Good: 

Date	Time
_____	_____

Exp: \_\_\_\_\_

Exp: \_\_\_\_\_

# UNDERGROUND UTILITY ACCIDENT REPORT

Company Name <u>Q.C. Communications</u> Address <u>Wabash, IN</u> (Main Office)	Job Name <u>South Shore of</u> Address <u>900 South Shore of Franklin, IN</u>
Crew Members Names Supervisor: <u>Chris Kemp</u> Workers <u>Nathan Kelley</u>	Name of Other Witnesses (include phone #, address or employer's name, if possible)
Description of Job <u>Boring 14" conduit along South Shore of for energy internet</u>	
Were Utility Lines marked? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Name/Phone # of Locator Service: <u><del>USIC</del> USIC</u>	
Locator Log # (Confirmation #) _____ Date Marked: <u>8/9/12</u> By Whom: <u>Dwayne</u>	
Date of Accident <u>8/10/12</u> Time of Accident <u>11:30 pm</u>	
Accident Description (Describe How the Accident Occurred) <u>Gas line exposed under work being recess and ran into it</u>	
Describe Damaged Property <u>yellow 1" plastic gas service</u>	
List Owner of Damaged Property Name: <u>Wabash</u> Address: _____ Phone # _____	
Sketch of Job Where Accident Occurred (Sketch) Show Trench Point of Damage (approx.) Location & Depth of Utility Line Where were Marked & Unmarked Identify Location of Photos Show Direction of North	
List Names of Emergency Response Personnel (Police, Fire, EMTs, etc.) Names: _____ Badge # _____	
Name of Person Completing This Report: (Print Name) <u>Nathan Kelley</u> (Signature) <u>[Signature]</u>	Name of Photographer (If Video or Photo(s) were taken) (Print Name) <u>Nathan Kelley</u>
When was Report Completed (Date) <u>8/10/12</u> (Time) <u>1:45 pm</u>	

Original: Bituminous Claims Office

cc: Customer Records



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

Case Number: 3795

*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: C.C. Communications

Responsible Party Personal Name: Nathan Kelley

Title (if any): Directional Bore operator

Address (number and street): 1795 W. 100 S.

City, State and ZIP Code: Wabash, IN 46792

Preferred Telephone Number (area code): 1800-421-6582

Cellular Telephone Number (area code): 1574-870-5317

Email Address: \_\_\_\_\_

#### Facility Information:

Business Name: Vectren

Responsible Party Personal Name: Travis Hambaugh

Title (if any): \_\_\_\_\_

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: Indianapolis, IN

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Locator Service Information:**

Business Name: USIC

Responsible Party Personal Name: Dwayne

Title (if any): Locator

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: Franklin, IN

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): 317-455-1148

Email Address: \_\_\_\_\_

**Cause of Damage Information**

Type of Equipment (select one): Directional Bore Machine

Type of Work Performed (select one): Directional Boring

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

Personal Contact: \_\_\_\_\_

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: \_\_\_\_\_

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**Utility Line Impact**

**Location of Damage:**

Address (number and street): 960 South Shore Ct

City, State and ZIP Code: Franklin, IN

Nearest Intersection: Franklin Lakes Blvd

**Product Type (select one):**

**Facility Type (select one):**

Size (Diameter/etc.): 1"

Pressure (PSIG/Inches): \_\_\_\_\_

Interruption in Service:  Yes  No Number of Customers Affected: \_\_\_\_\_

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

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**Locate Information**

Excavator Request Locate:  Yes  No

Indiana 811 Locate Ticket Number: 1205070408

- 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

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**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

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**Additional Information / Comments**

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3795

Your Full Name: Nathan Kelley

Full Name of Business / Entity (if applicable): Q.C. Communications

Your Business Title (if applicable): Directional Bore Operator

Address (number and street): 1795 W 100 S

City: Wabash State: IN ZIP Code: 46992

Your E-mail Address: \_\_\_\_\_

Today's Date (month, day, year): 09/10/12

Your Signature: Nathan Kelley Title (if any) Directional Bore Operator

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3795  
Indiana Utility Regulatory Commission  
101 West Washington Street, 1500E  
Indianapolis, IN 46204

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)





## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

INITIAL DOCUMENTS -  
OPERATOR

CASE 3795

Submitted to IURC-Pipeline Safety on: 12-7-2012

### 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: QC Communications

Business address (number and street): 7925 W County Rd 100 S

City, State, and ZIP code: Wabash, IN 46992

Telephone number (area code): 800-421-0582

Fax number (area code): 260-563-0963

E-mail address: Unknown

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Boring

Type of work performed: Telecommunications

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**Date and Location of Damage**

Date of damage (month, day, year): 9-10-2012

County: Johnson

City: Franklin

Street address (number and street, city, state, and ZIP code):  
960 S Shore Court, Franklin, 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? 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 \$ 508.94

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**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? \_\_\_\_\_

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1208070408-expired

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? No

Type of markings used: Paint

If other, please specify: Unknown

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? No

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

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

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### **Additional Comments**

1" plastic service damaged by bore. No valid locates and not hand exposed.



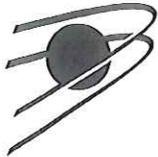
2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE  
FINAL  
\$508.94

Q C COMMUNICATIONS  
7925 W COUNTY RD 100 S  
WABASH, IN 46992

Type: GAS  
Invoice: FDS0016881  
BillToID: 32483  
Billing Date: 10/26/2012  
Date of Loss: 9/10/2012  
5835 103.0510

Please return this portion with your remittance.



Mail Payment To:  
Vectren Utilities Holding Company  
1239 Reliable Parkway  
Chicago, IL 60686-0012  
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5  
Risk Management/Claims Department

NOW DUE  
FINAL  
\$508.94

Q C COMMUNICATIONS  
7925 W COUNTY RD 100 S  
WABASH, IN 46992

Type: GAS  
Invoice: FDS0016881  
BillToID: 32483  
Billing Date: 10/26/2012  
Date of Loss: 9/10/2012

**Invoice For Costs to Repair and Reconstruct Damaged Property**

Address: 960 S SHORE COURT, FRANKLIN

1" PLASTIC SERVICE DAMAGED BY BORE. NO VALID LOCATES AND NOT HAND EXPOSED.

Material:	\$86.63
Company Labor:	\$296.88
Contract Labor:	\$0.00
Transportation/Equipment:	\$122.19
Misc:	\$0.00
Gas Loss:	\$3.24
Adjustments:	\$0.00
Payments:	\$0.00
<b>Total:</b>	<b>\$508.94</b>

5835 103.0510

Remember, call two (2) working days before digging. Contact I.U.P.P.S. at 1-800-382-5544.

Vectren Claim Number: \_\_\_\_\_

FDS 0016581

Task No: 103.0510 Capital / O & M (circle one)

Police Report / MO #: \_\_\_\_\_

Date of Damage 9 / 10 / 12

Cost Center # 5835

Time Occurred 1:45 am (pm)

Time Found 2:10 am (pm)

Latitude 39.469336 Longitude: -86.067570

# FACILITIES DAMAGE REPORT

## GAS

Vectren Claims Camera:

**VE02123**  
3

**DAMAGE SITE:**  
Address 960 S Shore Ct. Lot # \_\_\_\_\_

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

County Johnson City Franklin State IN Township Franklin

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 type="checkbox"/> Main	0.75 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Residential)	1.00 inch	<input checked="" 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"/> Risers	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"/>
<input type="checkbox"/> Other	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"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VISUAL OBSERVATION AT DAMAGE SITE:** 9/11

Visual Observation:  Above Ground  
 Below Ground

Locate Applicable:  Yes  No  N/S

Facilities Properly Marked:  Yes  No  N/S

Marking Methods:  Conventional  Flags  None  
 Offset  Paint  Stakes  Whiskers

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)

**TYPE OF MATERIAL:**  Cast Iron  Plastic (HDPE)  Plastic (MDPE)  Steel  Other

**DAMAGE TYPE:**  Severed  Not Cut  Severed  Punctured  
 Size 1/8" x 1/8"

**PRESSURE:**  25 PSIG  40 PSIG  50 PSIG  55 PSIG  60 PSIG  6 WC (.2163)  7 WC (252)  Other

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

**PROTECTION IN PLACE:**  
 Building  Fence  None  
 Post  Rail  Vault  N/A  
 Other

**DURATION OF ESCAPING GAS:**  
 Minutes: 30 min

**LEAK REPORT NUMBER:** \_\_\_\_\_

EFV Activated  Yes  No  N/S

Number of Customers Affected: 1

Total Hours Service Was Off: 1

Observation by (ID#): 2740

Name of Locator: \_\_\_\_\_

**FEED TYPE:**  
 One-Way Feed  
 Two-Way Feed

**LOCATING ORGANIZATION:**  
 Contract Locator  
 Unknown / Other  
 Utility Owner

**SERVICE ORDER NUMBER:** N5361374

**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: 1208070408

Date: 9-10-12 Time: \_\_\_\_\_ am / pm

**TYPE OF REQUEST:**  
 Regular Request  Emergency Request  
 Locate Company Notified

Contact Nar: Herb Cook  
 Time Called: 1:45 am (pm)  
 Time Locator Arrived at the Site: 2:10 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:**  
 DUPPS  
 OUPS  
 Unknown

**WORKING FOR:**  
 City  County  Developer  
 State  Property Owner  
 Utility

SEP 14 2012

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 \_\_\_\_\_

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

**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: N/A  
 # of Regular Hours; \_\_\_\_\_  
 # of Overtime Hours; \_\_\_\_\_  
 # of Regular Hours; \_\_\_\_\_  
 Crew Type: \_\_\_\_\_

**MATERIALS OR ROAD WORK:**

- Meter was replaced N/A (Stores Code)
- Regulator Was Replaced N/A (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

**DAMAGING PARTY:**

Name: QC Communications  
 Address: 7925 W 100 S  
 City/ State/ Zip: Walbash In. 46992  
 Phone: (1-800-) 421-0582  
 Prepared / Investigated By: David R. [Signature] Date: 9-10-12

**PARTY TO INVOICE:**

Name: Samo  
 Address: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Reviewed by Field Supervisor: [Signature] Date: 9-11-12

Working on expired locates

NORMAL NOTICE

Ticket : 1208070408 Date: 08/07/2012 Time: 08:21 Oper: SMCCCLURE Chan:092

State: IN Cnty: JOHNSON Twp: FRANKLIN  
 Cityname: FRANKLIN Inside: Y Near: N  
 Subdivision: FRANKLIN LAKES

Address :  
 Street : S SHORE LN  
 Cross 1 : FRANKLIN LAKES BLVD Within 1/4 mile: Y  
 Location: STARTING AT ADDRESS 990 S SHORE LANE - LOCATE ALONG THE SOUTH SIDE OF  
 S SHORE LANE GOING WEST FOR APPROX 400 FEET ENDING AT FRANKLIN LAKES BLVD  
 \*\*\*Boring Where = UNDER ENTIRE JOB

:  
 Grids : 3928D8603A 3928C8603A 3928C8604D

Work type : PLACING FIBER OPTIC CONDUIT/LINES  
 Done for : METRO FIBER  
 Start date: 08/09/2012 Time: 08:30 Hours notice: 48/048 Priority: NORM  
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N  
 Duration : 1 DAY Depth: 36 INCHES

Company : QC COMMUNICATIONS Type: CONT  
 Co addr : 7925 WEST 100 SOUTH  
 City : WABASH State: IN Zip: 46992  
 Caller : JUNIOR HOUNSHELL Phone: (800)421-0582  
 Contact : CHRIS KEMP - CELL Phone:  
 BestTime:  
 Mobile : (812)345-3669  
 Fax : (260)563-0963  
 Email : QCCOMM@COMTECK.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
 Will you be white-lining the dig site area? NO

:  
 Submitted date: 08/07/2012 Time: 08:21  
 Members: ID0002 ID0270 ID2034 ID3640 ID7131 ID7288 ID5857 SM

Member Name	Facility Types
CENTURYLINK	TELEPHONE
COMCAST CENTRAL (GREENWOOD)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FRANKLIN DPW, CITY OF	
IN AMERICAN WATER JOHNSON COUNTY WATER	
VECTREN - FRANKLIN	GAS

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

DAMAGE DAMAGE

Ticket : 1209102418 Date: 09/10/2012 Time: 13:35 Oper: DWILSON Chan:006

State: IN Cnty: JOHNSON Twp: FRANKLIN  
 Cityname: FRANKLIN Inside: Y Near: N  
 Subdivision: FRANKLIN LAKES

Address :  
 Street : S SHORE LN  
 Cross 1 : FRANKLIN LAKES BLVD Within 1/4 mile: Y  
 Location: STARTING AT ADDRESS 990 S SHORE LANE - LOCATE ALONG THE SOUTH SIDE OF  
 S SHORE LANE GOING WEST FOR APPROX 400 FEET ENDING AT FRANKLIN LAKES BLVD  
 \*\*\*Boring Where = UNDER ENTIRE JOB  
 :  
 Grids : 3928D8603A 3928C8603A 3928C8604D

Work type : PLACING FIBER OPTIC CONDUIT/LINES  
 Done for : METRO FIBER  
 Start date: 09/10/2012 Time: 13:35 Hours notice: 0/000 Priority: EMER  
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y  
 Duration : 1 DAY Depth: 36 INCHES

Company : QC COMMUNICATIONS Type: CONT  
 Co addr : 7925 WEST 100 SOUTH  
 City : WABASH State: IN Zip: 46992  
 Caller : NATE KELLEY Phone: (800)421-0582  
 Contact : CHRIS KEMP - CELL Phone:  
 BestTime:  
 Mobile : (419)506-1964  
 Fax : (260)563-0963

Remarks : All tickets are taken and processed on Eastern Daylight Time  
 VECTREN GAS LINE HAS BEEN DAMAGED--LINE IS BLOWING--CAN SMELL GAS--LINE WAS  
 DAMAGED IN FRONT OF ADDRESS 960 SOUTH SHORE LANE--YELLOW HALF INCH PLASTIC  
 LINE--HAS CALLED 911--CREW IS ON SITE--HAS CALLED VECTREN--PREVIOUS TICKET  
 1208070408--  
 Will you be white-lining the dig site area? NO  
 :

Submitted date: 09/10/2012 Time: 13:35  
 Members: ID0002 ID0270 ID1683 ID2034 ID3640 ID7131 ID7288 ID5857 SM

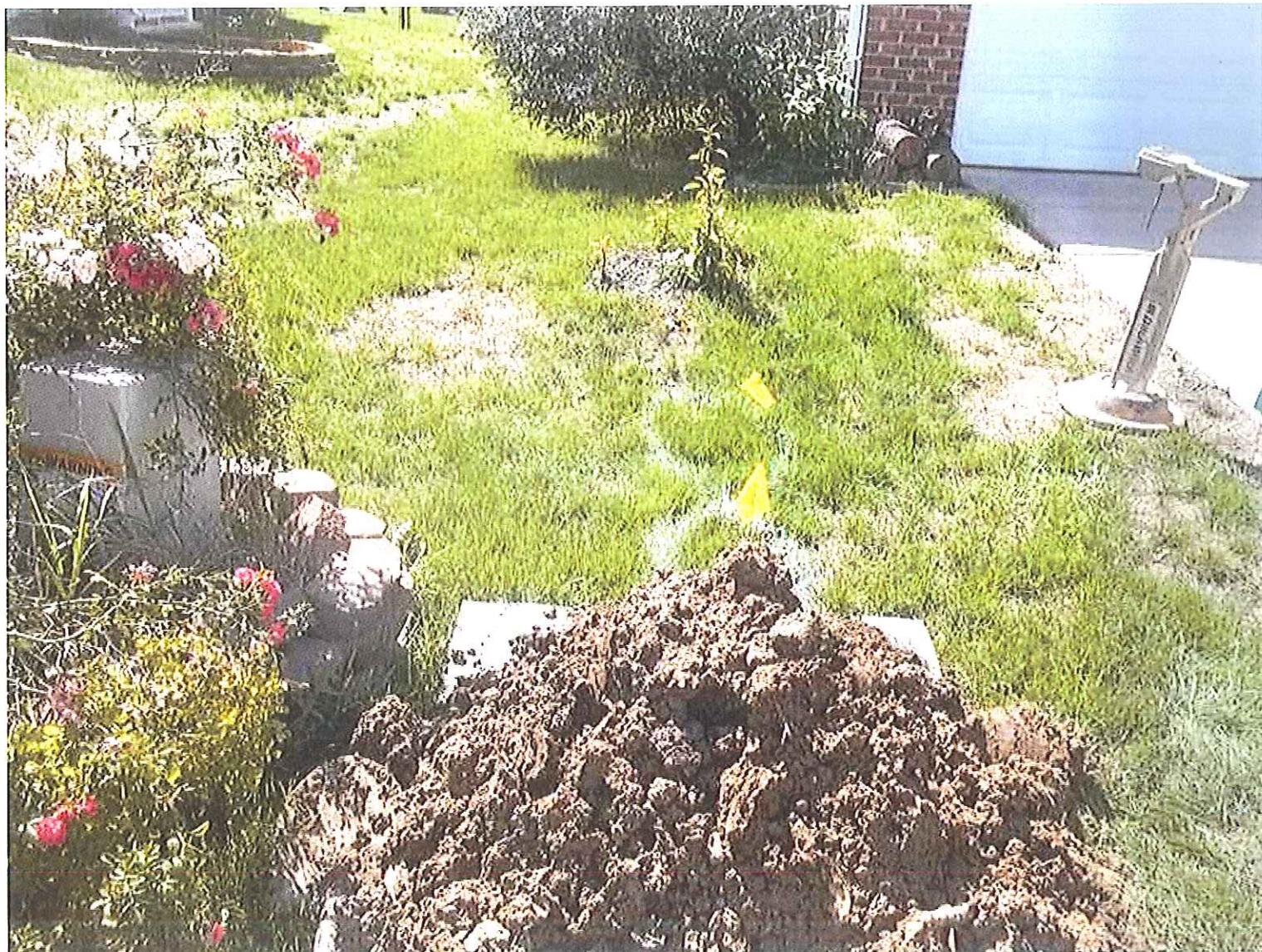
Member Name	Facility Types
CENTURYLINK	TELEPHONE
CINERGY METRONET, INC.	FIBER OPTIC
COMCAST CENTRAL (GREENWOOD)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FRANKLIN DPW, CITY OF	
IN AMERICAN WATER JOHNSON COUNTY WATER	
VECTREN - FRANKLIN	GAS

[View Map](#)

[Close Map](#)



Property of United States Infrastructure Corporation  
Photo taken on 9/10/2012 2:16:26 PM



Property of United States Infrastructure Corporation  
Photo taken on 9/10/2012 2:16:32 PM



Property of United States Infrastructure Corporation  
Photo taken on 9/10/2012 2:16:48 PM

# Service Order Status

Monday, September 17, 2012

**Enter Service Order Number:**

5361374



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

**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD

**Order Number:** N5361374

**Order Type:** LEAK

**Order Status:** Completed

**Customer:** 620850102 - STEELE GAVIN  
**Prem:** 5738393 - 960 S SHORE CT

**Technician:** 5476 - Johnson, David

**Order Dates and Times**

**Need Date:** 9/10/2012 2:06:00 PM  
**Time Created:** 9/10/2012 1:52:54 PM  
**Time Dispatched:** 9/10/2012 1:52:54 PM  
**Time In Route:** 9/10/2012 1:59:34 PM  
**Time On-Site:** 9/10/2012 2:10:09 PM  
**Tech Complete:** 9/10/2012 3:02:47 PM  
**Time Closed:** 9/10/2012 3:02:47 PM

**Events Performed/Completion Code**

LKOT - CMP

**Meter Information**

**Current Read Status**

**Old Meter:** 5922 Inactive  
**New Meter:**

**Completion Notes**

QC communications hit 1" pl service with directional bore machine, there were wo rking on expired locates, crew on site to fix, and do relite or leave call tag, everything ok

**Request Notes**

9-10-12 SUSAN WITH 811 REPORTED HIT 1/2" PLASTIC GAS LINE IN FRONT OF HOUSE-IN THE STREET-QC COMMUNI CATIONS HIT IT-POC CHRIS 419-506-1964-XST FRANKLIN-LAKES BLVD-BLOWING/WITH ODOR-

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentManualAck_evt	9/10/2012 1:59:12 PM	Johnson, David
AsnAssignmentEnRoute_evt	9/10/2012 1:59:34 PM	Johnson, David
AsnAssignmentOnSite_evt	9/10/2012 2:10:09 PM	Johnson, David
OrdOrderComplete_evt	9/10/2012 3:02:47 PM	Johnson, David

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