



## Pipeline Safety Division Investigation Report

### Investigation regarding: Vectren

UPPAC Database Record ID: 3796

Report Date: 5/23/2013

Investigator: Mike Orr

Damage Date: 9/10/2012 5:01:03 PM

Damage Address: W Whiteland Rd, Bargersville, Johnson

### The Parties

Excavator: C S U Incorporated

Address: 3919 Clarks Creek Road, Plainfield, In 46168

Facility Owner: Vectren

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Directional Drilling

Type of Work Performed: Cable TV

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$1653

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1209051354

Original Start Date:

Locate Instructions: LOCATE FROM IN RT 144 EAST 1800 FEET ALONG THE NORTH SIDE OF ROAD LOCATE A 20 FOOT RADIUS AROUND EACH POLE PLEASE PAINT AND FLAG

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas service was damaged during excavation for cable TV.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 12/6/2012. The excavator had a valid locate request however, the operator failed to provide accurate locate markings.

**Conclusion:** There was a failure to provide accurate locate markings.

**Violation:** IC 8-1-26-18(f) Operator failed to locate or provided incorrect locate markings.



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

INITIAL DOCUMENTS -  
OPERATOR

CASE 3796

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: CSU Inc

Business address (number and street): PO Box 42268

City, State, and ZIP code: Indianapolis, IN 46242

Telephone number (area code): 317-972-0802

Fax number (area code): Unknown

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: Bargersville

Street address (*number and street, city, state, and ZIP code*):  
5268 W CR 144, Bargersville, IN

Nearest intersection: Unknown

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? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 3

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 1,652.83

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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: 1209051354

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? 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

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --Facility marking or location not sufficient

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### **Additional Comments**

3/4" plastic service damaged by bore. Incomplete locate.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

PAID

NOW DUE

\$1,652.83

USIC INC  
9045 N RIVER ROAD, SUITE 300,  
INDIANAPOLIS, IN 46240

Type: GAS  
Invoice: FDS0016880  
BillToID: 32482  
Billing Date: 10/4/2012  
Date of Loss: 9/10/2012  
5835 103.0510

Please return this portion with your remittance.



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

NOW DUE  
\$1,652.83

USIC INC  
9045 N RIVER ROAD, SUITE 300,  
INDIANAPOLIS, IN 46240

Type: GAS  
Invoice: FDS0016880  
BillToID: 32482  
Billing Date: 10/4/2012  
Date of Loss: 9/10/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 5268 W COUNTY RD 144, BARGERSVILLE

3/4" PLASTIC SERVICE DAMAGED BY BORE. INCOMPLETE.

Material:	\$81.29
Company Labor:	\$1,159.04
Contract Labor:	\$0.00
Transportation/Equipment:	\$412.50
Misc:	\$0.00
Gas Loss:	\$0.00
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$1,652.83

*Paid 81354.78 11/15/12*  
*Negotiated 8 298.05 11/15/12*  
*81652.83*

5835 103.0510

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

Task No: 103.0510 Capital / O & M (circle one)  
Date of Damage 9/10/12  
Cost Center # 5835  
Time Occurred 3:15 am/pm  
Time Found 3:30 am/pm  
Latitude \_\_\_\_\_ Longitude: \_\_\_\_\_  
39.551840 -86.215360

Vectren Claim Number: \_\_\_\_\_  
Police Report / MO #: \_\_\_\_\_

Vectren Claims Camera:  
**VE02694**  
4

# FACILITIES DAMAGE REPORT

## GAS

DAMAGE SITE:  
Address 5268 W. CR. 144 Lot # \_\_\_\_\_  
County Johnson City Bargersville State IN. Township White River

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 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 checked="" 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"/>
	20.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	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  Whiskers  
 Offset  Paint  Stakes  Whiskers  
 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 1/4" x 1/4" **Punctured**  
**PRESSURE:**  25 PSIG  40 PSIG  50 PSIG  55 PSIG  60 PSIG  6 WC (.2163)  7 WC (252)  Other \_\_\_\_\_  
4.746

**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: No marks (Feet / Inches)

**PROTECTION IN PLACE:**  Building  Fence  None  Post  Rail  Vault  N/A  Other \_\_\_\_\_  
**DURATION OF ESCAPING GAS:**  
 Minutes: 90 min.  
 EFV Activated:  Yes  No  N/S

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

**LEAK REPORT NUMBER:** \_\_\_\_\_  
**FEED TYPE:**  One-Way Feed  Two-Way Feed  
 Number of Customers Affected: 1  
 Total Hours Service Was Off: 3

Observation by (ID#): 2740  
 Name of Locator: \_\_\_\_\_  
**LOCATING ORGANIZATION:**  
 Contract Locator  
 Unknown / Other  
 Utility Owner

**SERVICE ORDER NUMBER:** 5361614

**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 Telephone

**NOTIFICATIONS AND OTHER DETAILS OF LOCATE:**  
 Locate Ticket: 1209051354  
 Date: 9 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: 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 \_\_\_\_\_ (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: CSU Inc.  
 Address: P.O. Box 42268  
 City/ State/ Zip: Indianapolis IN 46242  
 Phone: ( 317 ) 972-0802  
D. Shepherd 9-10-12  
 Prepared / Investigated By: Date:

**PARTY TO INVOICE:**  
 Name: U.S.E.C.  
 Address: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
[Signature] 9-11-12  
 Reviewed by Field Supervisor: Date:

Locator did not mark the service line to 5268 W. CR. 144. Locator error.

## View Ticket Information

**District:**

**Ticket Number:**

**Start Work Date:** 09/05/2012

**Start Time:** 12:58

**End Work Date:** 09/05/2012

**End Time:** 12:58

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

**Type of Work:** ANCHORS FOR POLE

**Locator Notes:**

**Locator ID:** 134478

**Complete?** Yes

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

## NORMAL NOTICE

Ticket : 1208271995 Date: 08/27/2012 Time: 01:13 Oper: KEVIN.MAXWELL Chan:000

State: IN Cnty: JOHNSON Twp: WHITE RIVER  
 Cityname: BARGERSVILLE Inside: N Near: Y  
 Subdivision:

Address :  
 Street : W WHITELAND RD  
 Cross 1 : IN RT 144 Within 1/4 mile: Y  
 Location: LOCATE FROM IN RT 144 EAST 1800 FEET ALONG THE NORTH SIDE OF ROAD  
 LOCATE A 20 FOOT RADIUS AROUND EACH POLE PLEASE PAINT AND FLAG  
 :  
 Grids : 3932A8611A 3932A8612D 3932A8612C

Work type : ANCHORS FOR POLE  
 Done for : COMCAST  
 Start date: 08/29/2012 Time: 13:30 Hours notice: 60/48 Priority: NORM  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
 Duration : 2 WEEKS Depth: 10 FEET

Company : C S U INCORPORATED Type: CONT  
 Co addr : 3919 CLARKS CREEK ROAD  
 City : PLAINFIELD State: IN Zip: 46168  
 Caller : KEVIN MAXWELL Phone: (317)972-0802  
 Contact : KEVIN MAXWELL - CELL Phone:  
 BestTime:  
 Mobile : (317)972-0802  
 Fax : (317)236-7172  
 Email : LOCATES@CSUCONTRACTING.COM

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

Submitted date: 08/27/2012 Time: 01:13  
 Members: ID1293 ID2034 ID3734 ID4378 ID5866 ID7131 ID7288 ID9411 ID5857 ID6921  
 SM

Member Name	Facility Types
BARGERSVILLE, TOWN OF	ELECTRIC, SEWER & WATER
BP PIPELINE CO	PIPELINE
CENTURYLINK	TELEPHONE
COMCAST CENTRAL (GREENWOOD)	CABLE TV
JOHNSON COUNTY R.E.M.C.	ELECTRIC
TEXAS GAS TRANSMISSION - BEDFORD	PIPELINE
VECTREN - FRANKLIN	GAS
VECTRENS-HCJMR	

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

# Service Order Status

**Enter Service Order Number:**

5361614



[Clear Form](#)

[Refresh Data](#)

**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD

**Order Number:** N5361614

**Order Type:** LEAK

**Order Status:** Completed

**Customer:** 620392078 - ROBARDS KIMBERLY C.

**Prem:** 5473093 - 5268 STATE RD 144

**Technician:** 3390 - Griggs, Mike

**Order Dates and Times**

**Need Date:** 9/10/2012 4:17:00 PM  
**Time Created:** 9/10/2012 3:52:03 PM  
**Time Dispatched:** 9/10/2012 3:52:03 PM  
**Time In Route:** 9/10/2012 3:58:30 PM  
**Time On-Site:** 9/10/2012 3:58:31 PM  
**Tech Complete:** 9/10/2012 5:01:39 PM  
**Time Closed:** 9/10/2012 5:01:39 PM

**Events Performed/Completion Code**

LKOT - CMP

**Meter Information**

**Current ReadStatus**

**Old Meter:** 5323 Active

**New Meter:**

**Completion Notes**

Found odor at road. Called crew.

**Request Notes**

MILD OS GAS ODOR PER RICH KENDRICK FOR CSU FOR COMCAST/ PUTTING IN CABLE LN NEXT TO THE STR./ NO SOU  
 ND/ HIT BY EXCAVATOR OR DIRECTIONAL DRILL/ XST WHITELAND RD/ 4 IN PLASTIC GAS PIPE/ CE 317 339 4637/  
 200 FT FROM H.W./

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentManualAck_evt	9/10/2012 3:58:29 PM	Griggs, Mike
AsnAssignmentEnRoute_evt	9/10/2012 3:58:30 PM	Griggs, Mike
AsnAssignmentOnSite_evt	9/10/2012 3:58:31 PM	Griggs, Mike
OrdOrderComplete_evt	9/10/2012 5:01:39 PM	Griggs, Mike

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

NORMAL NOTICE REMARK

Ticket : 1209051354 Date: 09/05/2012 Time: 10:12 Oper: KEVIN.MAXWELL Chan:000  
 Old Tkt: 1208271995 Date: 08/27/2012 Time: 13:13 Oper: KEVIN.MAXWELL Rev: 00A

State: IN Cnty: JOHNSON Twp: WHITE RIVER  
 Cityname: BARGERSVILLE Inside: N Near: Y  
 Subdivision:

Address :  
 Street : W WHITELAND RD  
 Cross 1 : IN RT 144 Within 1/4 mile: Y  
 Location: LOCATE FROM IN RT 144 EAST 1800 FEET ALONG THE NORTH SIDE OF ROAD  
 LOCATE A 20 FOOT RADIUS AROUND EACH POLE PLEASE PAINT AND FLAG  
 :  
 Grids : 3932A8611A 3932A8612D 3932A8612C

Work type : ANCHORS FOR POLE  
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 Duration : 2 WEEKS Depth: 10 FEET

Company : C S U INCORPORATED Type: CONT  
 Co addr : 3919 CLARKS CREEK ROAD  
 City : PLAINFIELD State: IN Zip: 46168  
 Caller : KEVIN MAXWELL Phone: (317)972-0802  
 Contact : KEVIN MAXWELL - CELL Phone:  
 BestTime:  
 Mobile : (317)972-0802  
 Fax : (317)236-7172  
 Email : LOCATES@CSUCONTRACTING.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
 PLEASE REMARK DUE TO WEATHER PREVIOUS TICKET 1208271995  
 Will you be white-lining the dig site area? NO  
 :

Submitted date: 09/05/2012 Time: 10:12  
 Members: ID1293 ID2034 ID3734 ID4378 ID5866 ID7131 ID7288 ID9411 ID5857 ID6921  
 SM

Member Name	Facility Types
BARGERSVILLE, TOWN OF	ELECTRIC, SEWER & WATER
BP PIPELINE CO	PIPELINE
CENTURYLINK	TELEPHONE
COMCAST CENTRAL (GREENWOOD)	CABLE TV
JOHNSON COUNTY R.E.M.C.	ELECTRIC
TEXAS GAS TRANSMISSION - BEDFORD	PIPELINE
VECTREN - FRANKLIN	GAS
VECTRENS-HCJMR	

[View Map](#)

[Close Map](#)

## MISCELLANEOUS CASH RECEIPT

(PLEASE ATTACH A COPY OF ALL CHECKS TO THIS FORM AND  
USE PAPER CLIPS/DO NOT STAPLE CHECKS TO FORM)

PROCESS ROUTING FOR ALL VECTREN COMPANIES INCLUDING UTILITIES  
AND NON REGULATED SUBSIDIARIES: SEND COMPLETED FORM,  
ORIGINAL CHECK AND COPY OF CHECK TO REBECCA MINEAR IN  
FINANCIAL ACCOUNTING, BRAUN BUILDING, EVANSVILLE. RETAIN COPY  
OF CHECK AND FORM FOR YOUR RECORDS. PLEASE INCLUDE PROPER  
ACCOUNTING SO RECEIPT MAY BE CREDITED ACCURATELY. PLEASE  
INCLUDE YOUR PHONE NUMBER SO THE RECEIPT MAY BE EASILY  
RESEARCHED BY THE FINANCIAL ACCOUNTING GROUP.

Activity Date: 11/15/2012  
12:00:00 AM  
Your Name, not your initials (employee): Pam Barber  
Your Phone Number (employee): 812-491-4734  
Party Check Received From (Check Payor):  
Address of Check Writer (Check Payor):  
**BATCH1-U S INFRASTRUCTURE CORP**

Check Number 148444  
Amount of Check \$1,354.78  
Utility/Company Name VECTREN ENERGY DELIVERY OF INDIANA - NORTH  
Task Number 103.0510  
Job Number FDS0016880

Date Printed: 11/16/2012

Check Date: 11/09/2012				Check No 00148444		
Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discount Available	Paid Amount	
DM1120120906021 <i>INV# FDS0016860</i>	10/04/2012	00129443	677.12	0.00	677.12	
DM1220120823008 <i>INV# FDS0016793</i>	10/04/2012	00129444	1,894.02	0.00	1,894.02	
DM1220120829001 <i>INV# FDS0016827</i>	10/04/2012	00130178	1,009.50	0.00	1,009.50	
DM1220120907002 <i>INV #FDS0016870</i>	10/04/2012	00130909	2,379.79	0.00	2,379.79	
DM1220120910014 <i>INV #FDS0016880</i>	10/04/2012	00130910	1,354.78	0.00	1,354.78	
DM1220120912006 <i>INV #FDS0016937</i>	10/10/2012	00131245	365.00	0.00	365.00	
DM1220120913002 <i>INV #FDS0016914</i>	10/04/2012	00131251	1,160.20	0.00	1,160.20	

Vendor Number	Name		Total Discounts		
0000004286	VECTREN ENERGY DELIVERY OF INDIANA NORTH		\$0.00		
Check Number	Date	Total Amount	Discounts Taken	Total Paid Amount	
00148444	11/09/2012	\$8,840.41	\$0.00	\$8,840.41	

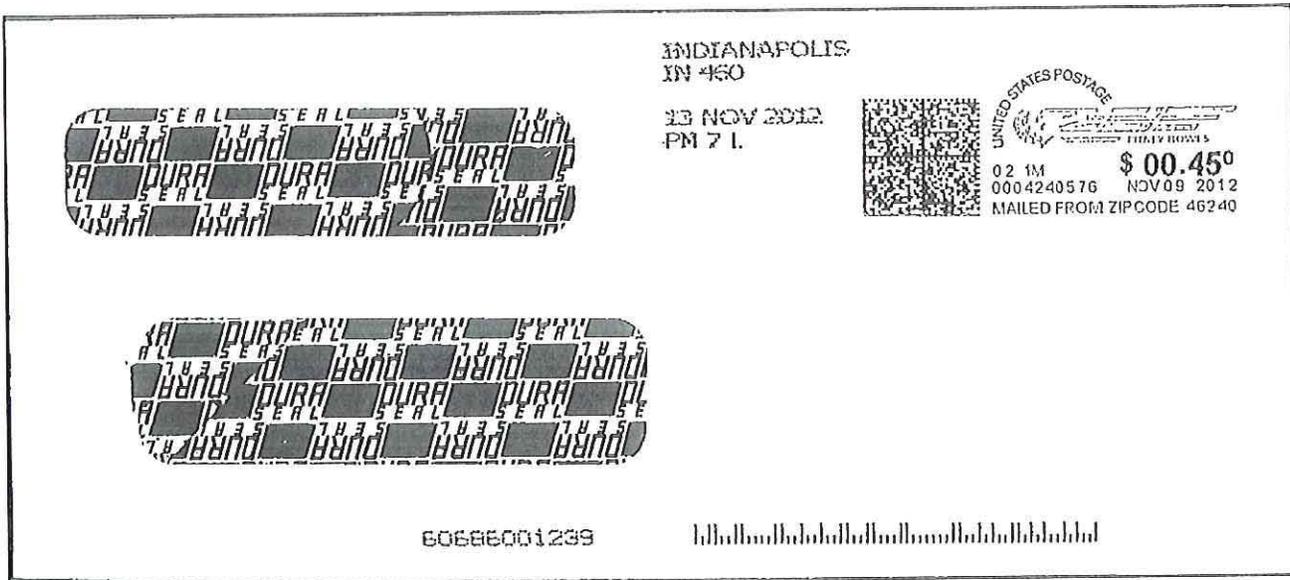
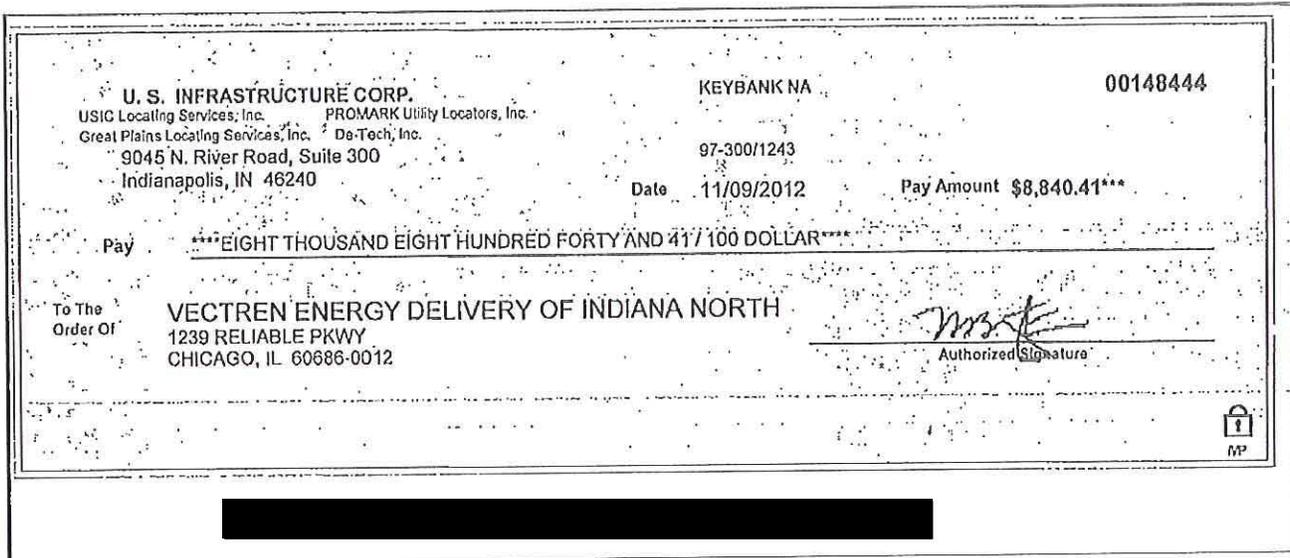
# Transaction Information G-7078066 CHI-861239 2012/11/15

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## Transaction Level Details

Env Num	8	Envelope	G-7078066
Transaction	G-7078066	Lockbox	CHI-861239
Date	2012/11/15	Time	17:00
Batch	1	Batch Item	8
Check	8	Amount	\$8,840.41
ABA/RT	124303007	Account Num	440993504776
Check Num	00148444		

## Envelope and Check Image



## Transaction Level Keyed Data

Remitter Name : U S INFRASTRUCTURE CORP Check Date : 2012/11/09

## Invoice Level Keyed Data

Invoice Number	Reference Number
FDS0016860	9999999
FDS0016793	9999999
FDS0016827	9999999
FDS0016870	9999999
FDS0016880	9999999
FDS0016937	9999999
FDS0016914	9999999

**From:** [Lori Paul](#)  
**To:** [IURC PipelineDamageCase](#)  
**Subject:** initial documents - ecavator - case 3796  
**Date:** Thursday, December 06, 2012 4:55:50 PM

---

See attached response

Lori L. Paul,  
President



3919 Clarks Creek Road  
Plainfield, In 46168  
317/972-0802 office  
317/839-8597 fax  
317/339-4909 cell



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 3796

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*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.*

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**The Parties**

**Excavator Information:**

Business Name: CSU, INC.

Responsible Party Personal Name: LORI L. PAUL

Title (if any): PRESIDENT

Address (number and street): 3919 CLARKS CREEK ROAD

City, State and ZIP Code: PLAINFIELD, IN 46168

Preferred Telephone Number (area code): (317) 972-0802

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

Email Address: LORI@CSUCONTRACTING.COM

**Facility Information:**

Business Name: \_\_\_\_\_

Responsible Party Personal 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: \_\_\_\_\_

**Locator Service Information:**

Business Name: \_\_\_\_\_

Responsible Party Personal 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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**Cause of Damage Information**

Type of Equipment (*select one*): Boring/Drilling

Type of Work Performed (*select one*): Cable TV

**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*): W. WHITELAND RD

City, State and ZIP Code: BARGERSVILLE, IN

Nearest Intersection: SR 144

**Product Type (*select one*):** Natural Gas

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

**Size (Diameter/etc.):** 2"

**Pressure (PSIG/Inches):** UNKNOWN

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

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

**Repair Cost (if known):** \$ 0

**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:** 1209051354

- 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:** 0

**Number of Inpatient Treated:** 0

**Number of Fatalities:** 0

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

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### Additional Information / Comments

The crew had bored across SR 144 then turned and bored to the east, pulled cable back through and noticed a gas smell. They called the gas company and 811. The gas company came out and marked a service line that was not previously marked. They dug it up and we hit the service line. The Gas company fixed the line and Vectern noted that it was not Marked correctly.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: COM121682

Your Full Name: Lori Lee Paul

Full Name of Business / Entity (if applicable): CSU, Inc.

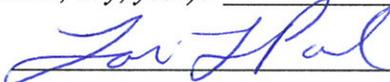
Your Business Title (if applicable): President

Address (number and street): 3919 Clarks Creek Road

City: Plainfield State: IN ZIP Code: 46168

Your E-mail Address: lori@csucontracting.com

Today's Date (month, day, year): 12/6/2012

Your Signature:  Title (if any) President

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3796**  
**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)**

# UNDERGROUND UTILITY ACCIDENT REPORT

Company Name Address (Main Office) <u>CSU, Inc.</u>	Job Name <u>COM 121682</u> Address <u>BARGERSVILLE, IN</u>
Crew Members Names Supervisor: <u>RICK KENDRICK</u> Workers <u>BOB WELCH</u> <u>THOMAS A.</u>	Name of Other Witnesses (include phone #, address or employer's name, if possible)

Description of Job  
Bore .625 across SR144 & ALONG NORTH R/W

Were Utility Lines marked? Yes  No  Name/Phone # of Locator Service: \_\_\_\_\_

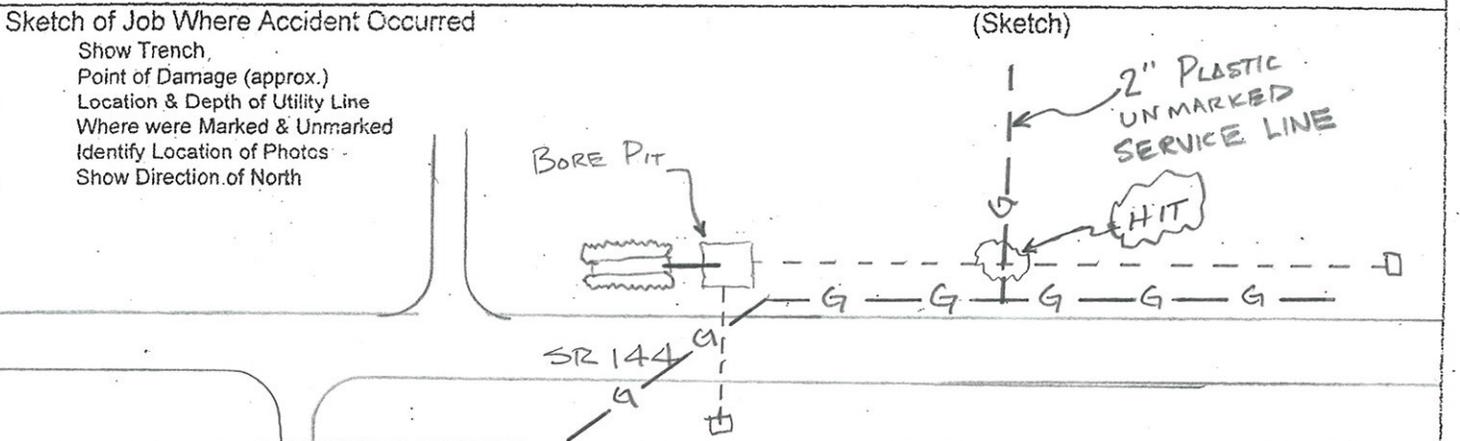
Locator Log # (Confirmation #) 1209051354 Date Marked: \_\_\_\_\_ By Whom: \_\_\_\_\_

Date of Accident 09/10/12 Time of Accident 3:45 pm

Accident Description (Describe How the Accident Occurred)  
CREW HAD BORED ACROSS 144, THEN TURNED AND BORED TO THE EAST, PULLED CABLE BACK THROUGH AND NOTICED A GAS SMELL. CALLED GAS COMPANY THEY CAME OUT AND MARKED A SERVICE LINE THAT WAS NOT PREVIOUSLY MARKED THE DUG IT UP AND WE HIT THE SERVICE LINE, THEY FIXED IT & VECTREN NOTED IT WAS NOT CSU'S FAULT.

Describe Damaged Property  
2" PLASTIC SERVICE LINE (811 DAMAGE TICKET # 1209103713)

List Owner of Damaged Property  
 Name: VECTREN Address: \_\_\_\_\_ Phone #: \_\_\_\_\_



List Names of Emergency Response Personnel (Police, Fire, EMTs, etc.)  
 Names: N/A Badge #: \_\_\_\_\_

Name of Person Completing This Report: (Print Name) <u>J. MOSSON</u> (Signature) _____	Name of Photographer (If Video or Photo(s) were taken) (Print Name) <u>JM &amp; RK</u>	When was Report Completed (Date) <u>9/11/12</u> (Time) _____
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Original: Bituminous Claims Office      cc: Customer Records