



Pipeline Safety Division Investigation Report

Investigation regarding: Vectren

UPPAC Database Record ID: 3809

Report Date: 5/23/2013

Investigator: Mike Orr

Damage Date: 9/12/2012 11:44:07 AM

Damage Address: 2315 E Moores Pike, Bloomington, Monroe

The Parties

Excavator: **Ron Taylor Land Improvement**

Address: 3123 North Pierce Drive, Solsberry, In 47459

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Grading

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$445

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1209010057

Original Start Date:

Locate Instructions: WHEN YOU PULL INTO THE DRIVEWAY LOCATE TO THE RIGHT OF THE DRIVEWAY AT THE END NEAR THE HOUSE ON THE HILLSIDE

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service was damaged during excavation to complete grading work.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/22/2012. The excavator had a valid locate request however, the operator failed to provide locate markings.

Conclusion: There was a failure to provide 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 3809

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: Ron Taylor Land Improvement

Business address (number and street): 3123 N Pierce Drive

City, State, and ZIP code: Solsberry, IN 47459

Telephone number (area code): 812-825-2854

Fax number (area code): Unknown

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Date and Location of DamageDate of damage (*month, day, year*): 9-12-2012

County: Monroe

City: Bloomington

Street address (*number and street, city, state, and ZIP code*):
2315 E Moores Pike, Bloomington, 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*): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$^{445.3}

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? Yes

Enter Indiana 811 ticket number, if known: 1209010057

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? 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

Description of Cause

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

Additional Comments

3/4" plastic service severed by hoe. Not marked.



PAID

NOW DUE
\$445.30

2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

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

Type: GAS
Invoice: FDS0016937
BillToID: 32543
Billing Date: 10/10/2012
Date of Loss: 9/12/2012
5924 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
\$445.30

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

Type: GAS
Invoice: FDS0016937
BillToID: 32543
Billing Date: 10/10/2012
Date of Loss: 9/12/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 2315 E MOORES PIKE, BLOOMINGTON
3/4" PLASTIC SERVICE SEVERED BY HOE. NOT MARKED.

PAID \$365.00 11/15/12
Negotiated \$ 80.30 11/15/12
8445.30

Material:	\$70.36
Company Labor:	\$307.05
Contract Labor:	\$0.00
Transportation/Equipment:	\$58.44
Misc:	\$0.00
Gas Loss:	\$9.45
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$445.30

5924 103.0510

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

FDS 0116937

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

Vectren Claim Number: _____

Date of Damage 09 / 12 / 2012

Police Report / MO #: _____

Cost Center # 5924

Time Occurred 11:45 (any) / pm

Time Found 11:57 (any) / pm

Latitude ~~39.145710~~ Longitude: _____

DAMAGE SITE: 39.145710 W. Dr. 53070

Address 2315 E Novicky Plk Lot # _____

County Morgan City Hoochman State TN Township _____

Vectren Claims Camera:
VE02188
3

FACILITIES DAMAGE REPORT

GAS

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"/>
<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			

VISUAL OBSERVATION AT DAMAGE SITE: 9/18

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

Locates called in

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)

*1507 NOT PERFORMED BY THE TIME THEY CLEARED. 9/18 FOR USEIC **

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

DAMAGE TYPE: Severed Not Cut Severed Size _____ x _____

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 Post Rail Vault N/A Other

DURATION OF ESCAPING GAS:
Minutes: *5 min central control off line, 2:15 replaced*

LEAK REPORT NUMBER: 10518

EFV Activated Yes No N/S

Observation by (ID#): *Burton*

FEED TYPE: One-Way Feed Two-Way Feed

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

Name of Locator: _____
LOCATING ORGANIZATION:
 Contract Locator Unknown / Other Utility Owner USIC

SERVICE ORDER NUMBER: 5363733

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

WORKING FOR: City County Developer State Property Owner Utility

ONE-CALL CENTER: IUPPS OUPS Unknown

SEP 21 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 _____

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: Ron Taylor
 Address: 3123 N PIONEER DR SOLSBURY 47459
 City/ State/ Zip: _____
 Phone: (812) 825 2854
M. Burton _____
 Prepared / Investigated By: _____ Date: 9-12-12

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

Ticket Portal Production

Ticket Text **Photos**Ticket Text

ID1443 00015 IUPPSa 09/01/2012 11:32:25 1209010057-00A NORM NEW GRID
 NORMAL NOTICE SEE REMARKS
 Ticket : 1209010057 Date: 09/01/2012 Time: 10:47 Oper: KLEWIS Chan:032
 State: IN Cnty: MONROE Twp: PERRY
 Cityname: BLOOMINGTON Inside: Y Near: N
 Subdivision:
 Address : 2315
 Street : E MOORES PIKE
 Cross 1 : S COLLEGE MALL RD Within 1/4 mile: Y
 Location: WHEN YOU PULL INTO THE DRIVEWAY LOCATE TO THE RIGHT OF THE DRIVEWAY AT
 THE END NEAR THE HOUSE ON THE HILLSIDE
 :
 Grids : 3908A8629A 3909D8629A 3908A8630D 3909D8630D 3908A8630C
 Grids : 3909D8630C
 Boundary: n 39.151047 s 39.149807 w -86.507713 e -86.496834
 Work type : LEVEL HILLSIDE
 Done for : YOUNG
 Start date: 09/06/2012 Time: 07:00 Hours notice: 116/48 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 1 DAY Depth: UNKNOWN
 Company : RON TAYLOR LAND IMPROVEMENT Type: HOME
 Co addr : 3123 NORTH PIERCE DRIVE
 City : SOLSBERRY State: IN Zip: 47459
 Caller : SUZANNE YOUNG Phone: (812)825-2854
 Contact : SUZANNE YOUNG - CELL Phone:
 BestTime:
 Mobile : (812)322-1599
 Remarks : All tickets are taken and processed on Eastern Daylight Time
 PLEASE CALL WHEN IN ROUTE - THANK YOU
 Will you be white-lining the dig site area? NO
 :
 Submitted date: 09/01/2012 Time: 10:47
 Members: ID0002 ID1443 ID3147 ID3452 ID4752 ID5960 SBCIN SM

 Email_From: irth@iupps.org
 Email_Subject: IUPPS ID1443 2012/09/01 #00015 1209010057-00A NORM NEW
 Email_Sent_Date: 2012-09-01 10:32:25 CDT
 Email_host: tickets6.811tickets.com
 Email_user: 811.in.oc-vvc
 Email_To: 811.in.oc-vvc@tickets.811tickets.com
 Email_ContentType: text/plain

Ticket Portal Production

Ticket Text **Photos****Ticket Text**

ID0002 00513 IUPPSa 09/12/2012 11:44:17 1209121660-00A EMER DAMG GRID
 DAMAGE SEE REMARKS
 Ticket : 1209121660 Date: 09/12/2012 Time: 11:39 Oper: ABOND Chan:007
 State: IN Cnty: MONROE Twp: PERRY
 Cityname: BLOOMINGTON Inside: Y Near: N
 Subdivision:
 Address : 2315
 Street : E MOORES PIKE
 Cross 1 : S COLLEGE MALL RD Within 1/4 mile: Y
 Location: WHEN YOU PULL INTO THE DRIVEWAY LOCATE TO THE RIGHT OF THE DRIVEWAY AT
 THE END NEAR THE HOUSE ON THE HILLSIDE
 :
 Grids : 3908A8629A 3909D8629A 3908A8630D 3909D8630D 3908A8630C
 Grids : 3909D8630C
 Boundary: n 39.151047 s 39.149807 w -86.507713 e -86.496834
 Work type : LEVEL HILLSIDE
 Done for : YOUNG
 Start date: 09/12/2012 Time: 11:39 Hours notice: 0/0 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 1 DAY Depth: UNKNOWN
 Company : RON TAYLOR LAND IMPROVEMENT Type: HOME
 Co addr : 3123 NORTH PIERCE DRIVE
 City : SOLSBERRY State: IN Zip: 47459
 Caller : SUZANNE YOUNG Phone: (812)825-2854
 Contact : SUZANNE YOUNG - CELL Phone:
 BestTime:
 Mobile : (812)322-1599
 Remarks : All tickets are taken and processed on Eastern Daylight Time
 PER RON TAYLOR: VECTREN GAS LINE WAS CUT - GAS LINE WAS BLOWING - HAS TRIED TO
 CLAMP IT OFF - LINE WAS CUT BETWEEN THE HOUSE AND THE ROAD - 1 INCH BEIGE
 PLASTIC LINE - HAS NOT CALLED 911 - CREW IS ON SITE - VECTREN HAS BEEN CALLED -
 PREVIOUS TICKET 1209010057
 Will you be white-lining the dig site area? NO
 :
 Submitted date: 09/12/2012 Time: 11:39
 Members: ID0002 ID1443 ID3147 ID3452 ID4752 ID5960 SBCIN SM

 Email_From: agt_comm@irth.com
 Email_Subject: Seq# 568: 1209121660 for ID0002 - Electric Distribution (IN)
 Email_Recv_Date: 2012-09-12 10:44:22 CDT
 Email_Sent_Date: 2012-09-12 10:44:07 CDT
 Email_MessageID: <5050add6.0579b60a.4838.45b3SMTPIN_ADDED@mx.google.com>
 Email_host: imap.gmail.com
 Email_user: onecall7@smptickets.com
 Email_To: onecall7+indy-duke@smptickets.com
 Email_ContentType: TEXT/PLAIN; charset=US-ASCII

Service Order Status

Monday, October 1, 2012

Enter Service Order Number:

5363733



Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5363733

Order Type: LEAK

Order Status: Completed

Customer: 600019069 - YOUNG SUZANNE D

Prem: 5296277 - 2315 E MOORES PIKE

Technician: 5065 - Burton, Matt

Order Dates and Times

Need Date: 9/12/2012 1:08:00 PM
Time Created: 9/12/2012 11:55:42 AM
Time Dispatched: 9/12/2012 11:55:42 AM
Time In Route: 9/12/2012 11:55:58 AM
Time On-Site: 9/12/2012 11:58:11 AM
Tech Complete: 9/12/2012 1:27:25 PM
Time Closed: 9/12/2012 1:27:25 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter: 3642 Active
New Meter:

Completion Notes

contractor cut a 3/4 pl serv that was not located , locates had cleared but none performed serv repaired relites completed

Request Notes

HIT 1" LINE PER SHERRY WITH 811....BLOWING...RON TAYOR LAND IMPROVEMENT ON..LOCATE #1209010057....XS
 T S COLLEGE MALL....CONTACT SUSAN YOUNG AT812-322-1599..... 811'S #317-893-1416....THANKS

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	9/12/2012 11:55:57 AM	Burton, Matt
AsnAssignmentEnRoute_evt	9/12/2012 11:55:58 AM	Burton, Matt
AsnAssignmentOnSite_evt	9/12/2012 11:58:11 AM	Burton, Matt
OrdOrderComplete_evt	9/12/2012 1:27:25 PM	Burton, Matt

NOTE: The Reporting database replicates in near real-time; it has been approximately 5 minute(s) since the last transaction replicated.

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 \$365.00
Utility/Company Name VECTREN ENERGY DELIVERY OF INDIANA - NORTH
Task Number 103.0510
Job Number FDS0016937

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 INV# FDS0016860	10/04/2012	00129443	677.12	0.00	677.12	
DM1220120823008 INV# FDS0016793	10/04/2012	00129444	1,894.02	0.00	1,894.02	
DM1220120829001 INV# FDS0016827	10/04/2012	00130178	1,009.50	0.00	1,009.50	
DM1220120907002 INV# FDS0016870	10/04/2012	00130909	2,379.79	0.00	2,379.79	
DM1220120910014 INV# FDS0016880	10/04/2012	00130910	1,354.78	0.00	1,354.78	
DM1220120912006 INV# FDS0016937	10/10/2012	00131245	365.00	0.00	365.00	
DM1220120913002 INV# FDS0016914	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	

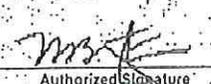
Transaction Information G-7078066 CHI-861239 2012/11/15

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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

U. S. INFRASTRUCTURE CORP. USIG Locating Services, Inc. PROMARK Utility Locators, Inc. Great Plains Locating Services, Inc. Da-Tech, Inc. 9045 N. River Road, Suite 300 Indianapolis, IN 46240	KEYBANK NA 97-300/1243 Date 11/09/2012	00148444 Pay Amount \$8,840.41***
Pay ****EIGHT THOUSAND EIGHT HUNDRED FORTY AND 41/100 DOLLAR****		
To The Order Of	VECTREN ENERGY DELIVERY OF INDIANA NORTH 1239 RELIABLE PKWY CHICAGO, IL 60686-0012	 Authorized Signature





	INDIANAPOLIS IN 460		UNITED STATES POSTAGE THREE DOLLARS 02 1M 0004240576 NOV 09 2012 MAILED FROM ZIP CODE 46240
			
60686001239			

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



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3809

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: Ron Taylor Land Improvement

Responsible Party Personal Name: Ronald I Taylor

Title (if any): Owner/Operator

Address (number and street): 3123 N Pierce Dr

City, State and ZIP Code: Solsberry, IN 47459

Preferred Telephone Number (area code): 812-825-2854

Cellular Telephone Number (area code): 812-325-5390

Email Address: rtaylorlandimp@gmail.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: _____

Cause of Damage Information

Type of Equipment (*select one*): Unknown/Other

Type of Work Performed (*select one*): Grading

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: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 2315 E Moores Pike

City, State and ZIP Code: Bloomington, IN 47401

Nearest Intersection: Moores Pike and High Street

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 3/4" or 1"

Pressure (PSIG/Inches): ?

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: The Land Owner called for locate

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

See attached Narrative Statement.

The questions that are blank were not answered because I either didn't know what you were asking or didn't know the answer.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3809

Your Full Name: Ronald I Taylor

Full Name of Business / Entity (if applicable): Ron Taylor Land Improvement

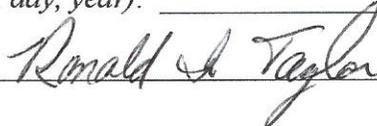
Your Business Title (if applicable): Owner (Sole Proprietor)

Address (number and street): 3123 N Pierce Dr

City: Solsberry State: IN ZIP Code: 47459

Your E-mail Address: rtaylorlandimp@gmail.com

Today's Date (month, day, year): 12/22/12

Your Signature:  Title (if any) OWNER (Sole Proprietor)

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3809
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

INITIAL DOCUMENTS – EXCAVATOR

Narrative Statement

CASE # 3809

I was asked to come to the property of Susan Young at 2315 E Moores Pike, Bloomington, IN to do some grading which would finish a 2 year remodeling project. This was about the 4th or 5th time I had been on this property. I usually work by the hour as the land owner requests my services. When I arrived on site, I was apprised of what the land owner wanted me to do. I was also made aware that the land owner (Susan) had already called for utility locate (811) about 3 or 4 days prior to my arrival. I was shown the locate marks indicating what utilities were there and their locations and understood we were good to go. I did part of the requested work without incident. Then I cut the natural gas service line to the house. It had NOT been marked. It was, I believe a 3/4" or 1" plastic line. When I saw it, I knew what it was as I have been in this line of work for 41 years. I immediately folded the end of the line back to shut the gas off and taped it so it wouldn't be spewing gas into the air. I then notified the land owner's representative and asked him go call the gas company to tell them of the mishap. The gas company employee arrived to evaluate the situation and said "You've already shut the broken line off." I guess that is what he had come for. I did what he would have done, except I did it immediately instead of approximately 30 minutes after the break which is about when he arrived. Then the 811 locator came on site and told me that a repair work order couldn't be given until the contractor called 811 to report the mishap. So I called as requested. After this, I requested the locator to finish locating because I knew (from previous work done there in the past) that there was a power line behind the house that also HADN'T been located. The phone lines were located and I knew there was also a power line in that area, but there were NO markings for it. He, the locator, was very willing and located the power line for me. After the repair was made, the gas line was located and marked and we returned to work and had no further problems.

I'm surprised at this triggering an investigation as we did what was required of us to be in compliance with regulations.

Ronald I Taylor, Owner/Sole-Proprietor