



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Indy Irrigation Inc**

UPPAC Database Record ID: 3829

Investigator: Howard Friend

Report Date: 12/28/2012

Damage Date: 9/18/2012 10:35:22 AM

Damage Address: 2801 E High Grove Cir

City: Zionsville

County: Boone

### The Parties

Excavator: **Indy Irrigation Inc**

Contact: Lisa Johnson

Address: 2350 In Rt 44, Martinsville, In 46151

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: Indy Irrigation Inc**

UPPAC Database Record ID: 3829

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$720

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

Excavator request locates: Yes    Indiana 811 ticket Number: 1209120451

Type of Equipment: Hand Tools

Type of work performed: Irrigation

**Synopsis:** A natural gas service was damaged during excavation to install a new irrigation line.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 12/3/2012. The excavator had a valid locate request and the operator provided accurate locate markings. The excavator damaged the line with a shovel while trying to expose the facility.

**Conclusion:** There was a failure to maintain clearance and avoid damage to underground facilities.

**Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.**



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3829

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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: Indy Irrigation, Inc.

Responsible Party Personal Name: Lisa Johnson

Title (if any): Secretary

Address (number and street): 2350 State Road 44

City, State and ZIP Code: Martinsville, IN 46151

Preferred Telephone Number (area code): 765-349-9397

Cellular Telephone Number (area code): 317-607-6971

Email Address: lisa@indyirrigation.com or kenny@indyirrigation.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*): Hand Tools

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

**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*): 2801 E. High Grove Circle \_\_\_\_\_

City, State and ZIP Code: Zionsville, IN 46077 \_\_\_\_\_

Nearest Intersection: Still Creek Drive \_\_\_\_\_

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

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

**Size (Diameter/etc.):** \_\_\_\_\_

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

**Interruption in Service:**     Yes     No    **Number of Customers Affected:** <sup>1</sup> \_\_\_\_\_

**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:** 1209120451 \_\_\_\_\_

- 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: No Injuries

Number of Inpatient Treated: No Injuries

Number of Fatalities: None

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

### Additional Information / Comments

I called in locates on 9/12 at 8:30am for the entire property (locates were available at 9/14 at 8:30). Our crew was on site on 9/18 and locates were complete and visible. One of our crew members nicked the service line with a shovel while trying to locate it. The Sheriff's Department was notified immediately followed by the utility as well as Indiana 811 (damage number 1009181152). The service to the home was turned off and the utility company arrived promptly to repair the line. Our crew dug up the line for the utility company and backfilled the repair after it was complete.

As a irrigation company we dig everyday and feel that we have a good relationship with Indiana 811 and the utility companies. We have been in business for 20 years and have worked hard to insure that we do not cause any unnecessary damage or inconvenience to our customers or surrounding properties.

I am also sending you a photo of the repair. We were unable to take a photo prior to the repair being made.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3829

Your Full Name: Lisa Johnson

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

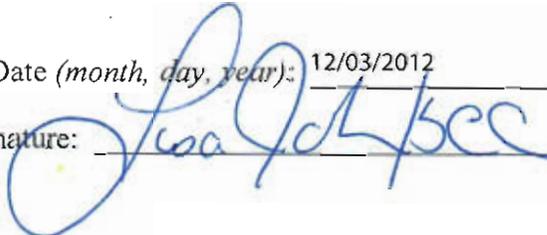
Your Business Title (if applicable): Secretary

Address (number and street): 2350 State Road

City: Martinsville State: IN ZIP Code: 46151

Your E-mail Address: lisa@indyirrigation.com

Today's Date (month, day, year): 12/03/2012

Your Signature:  Title (if any) Secretary

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3829**  
**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)



Case  
Number

3829



# DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

INITIAL DOCUMENTS -  
OPERATOR

CASE 3829

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: Indy Irrigation Inc

Business address (number and street): 2350 IN Rt 44

City, State, and ZIP code: Martinsville, IN 46151

Telephone number (area code): 765-349-9397

Fax number (area code): 765-352-1891

E-mail address: Unknown

## Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Irrigation

## Date and Location of Damage

Date of damage (*month, day, year*): 9-18-2012

County: Boone

City: Zionsville

Street address (*number and street, city, state, and ZIP code*):  
2801 E High Grove Circle, Lot 55, Zionsville, 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*): 2

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 720.39

## 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: 1209120451

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: \_\_\_\_\_

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: Other

### **Additional Comments**

1" plastic service damaged by hand tools. Hand Exposing.

MAXIMOA# 8297909  
Sudgy Disruption Inc.

FDS 0016749

Task No: 103,6510 Capital / O & M (circle one)  
Date of Damage 9 / 18 / 2012  
Cost Center # 5953  
Time Occurred 10:15 (am / pm)  
Time Found 10:45 (am / pm)  
Latitude 40.00166 Longitude: 86.256590

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

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

Vectren Claims Camera:

# FACILITIES DAMAGE REPORT

## GAS

VE02477  
*# pipe in file #4*

DAMAGE SITE:  
Address 2801 E. High Grove Cir Lot # 55  
County Boone City Zionsville State IN Township Eagle

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Residential)	<u>1.00 inch</u>	<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"/> 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"/>
<input type="checkbox"/> Other	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			

*282*

<b>TYPE OF MATERIAL:</b>	<b>DAMAGE TYPE:</b>	<b>PRESSURE:</b>
<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Severed	<input type="checkbox"/> 25 PSIG
<input type="checkbox"/> Plastic (HDPE)	<input type="checkbox"/> Not Cut	<input type="checkbox"/> 40 PSIG
<input checked="" type="checkbox"/> Plastic (MDPE)	<input type="checkbox"/> Severed	<input type="checkbox"/> 50 PSIG
<input type="checkbox"/> Steel	Size <u>1/4"</u> x <u>1/4"</u>	<input type="checkbox"/> 55 PSIG
		<input type="checkbox"/> 60 PSIG
<input type="checkbox"/> Other		<input type="checkbox"/> 6 WC (.2163)
		<input type="checkbox"/> 7 WC (.252)
		<input type="checkbox"/> Other

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

DURATION OF ESCAPING GAS:  
Minutes: 1

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

EFV Activated  Yes  No  N/S

FEED TYPE:  
 One-Way Feed  
 Two-Way Feed

Number of Customers Affected: 1  
Total Hours Service Was Off: 2

SERVICE ORDER NUMBER: 5369013

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

WORKING FOR:  
 City  County  Developer  
 State  Property Owner  
 Utility

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

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)

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

Observation by (ID#): \_\_\_\_\_

Name of Locator: \_\_\_\_\_  
LOCATING ORGANIZATION:  
 Contract Locator  
 Unknown / Other  
 Utility Owner

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

ONE-CALL CENTER:  
 IUPPS  
 OUPS  
 Unknown

**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.)

- Did Excavator Notify You  Yes  No
- Excavation Required  Yes  No
- Media at Site  Yes  No
- Was There Ignition of Gas?  Yes  No

**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

INVOICE:  Yes  No  N/S

**DAMAGING PARTY:**  
 Name: INDY IRRIGATION  
 Address: 2350 State Road 44  
 City/ State/ Zip: Martinsville, IN 46151  
 Phone: (377) 349 7653  
 Prepared / Investigated By: [Signature] Date: 7-18-2012

**PARTY TO INVOICE:**  
 Name: [Signature]  
 Address: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Reviewed by Field Supervisor: [Signature] Date: 9/24/12

*Transition from existing service, make  
 1" of main, now installing 1" service  
 Service off to meter, etc.*

## Ticket Portal Production

Ticket Text **Photos**

### Ticket Text

ID4471 00174 IUPPSa 09/12/2012 08:22:30 1209120451-00A NORM NEW STRT  
 NORMAL NOTICE  
 Ticket : 1209120451 Date: 09/12/2012 Time: 08:16 Oper: JSMITH Chan:088  
 State: IN Cnty: BOONE Twp: UNION  
 Cityname: ZIONSVILLE Inside: N Near: Y  
 Subdivision: BROOKHAVEN  
 Address : 2801  
 Street : E HIGH GROVE CIR  
 Cross 1 : STILL CREEK DR Within 1/4 mile: Y  
 Location: LOCATE THE ENTIRE PROPERTY  
 :  
 Grids : 4000D8615C 4000D8615B 3959A8615C 3959A8615B  
 Boundary: n 40.002239 s 39.999500 w -86.258919 e -86.255417  
 Work type : INSTALLING IRRIGATION  
 Done for : MCKEOWN  
 Start date: 09/14/2012 Time: 08:30 Hours notice: 48/48 Priority: NORM  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
 Duration : 2 DAYS Depth: 1 FOOT  
 Company : INDY IRRIGATION INC Type: CONT  
 Co addr : 2350 IN RT 44  
 City : MARTINSVILLE State: IN Zip: 46151  
 Caller : LISA JOHNSON Phone: (765)349-9397  
 Contact : KENNY JOHNSON--CELL Phone:  
 BestTime:  
 Mobile : (317)691-2727  
 Fax : (765)352-1891  
 Email : LISA@INDYIRRIGATION.COM  
 Remarks : All tickets are taken and processed on Eastern Daylight Time  
 Will you be white-lining the dig site area? NO  
 :  
 Submitted date: 09/12/2012 Time: 08:16  
 Members: ID1048 ID1501 ID4471 ID5291 ID8940 ID9200 ID9999 SBCIN ID6921 SM  
 -----  
 Email\_From: irth@iupps.org  
 Email\_Subject: IUPPS ID4471 2012/09/12 #00174 1209120451-00A NORM NEW  
 Email\_Sent\_Date: 2012-09-12 07:22:30 CDT  
 Email\_host: tickets5.811tickets.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

ID4471 00480 IUPPSa 09/18/2012 10:35:24 1209181152-00A EMER DAMG STRT  
 DAMAGE DAMAGE  
 Ticket : 1209181152 Date: 09/18/2012 Time: 10:33 Oper: LPORTER Chan:046  
 State: IN Cnty: BOONE Twp: UNION  
 Cityname: ZIONSVILLE Inside: N Near: Y  
 Subdivision: BROOKHAVEN  
 Address : 2801  
 Street : E HIGH GROVE CIR  
 Cross 1 : STILL CREEK DR Within 1/4 mile: Y  
 Location: LOCATE THE ENTIRE PROPERTY  
 :  
 Grids : 4000D8615C 4000D8615B 3959A8615C 3959A8615B  
 Boundary: n 40.002239 s 39.999500 w -86.258919 e -86.255417  
 Work type : INSTALLING IRRIGATION  
 Done for : MCKEOWN  
 Start date: 09/18/2012 Time: 10:33 Hours notice: 0/0 Priority: EMER  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
 Duration : 2 DAYS Depth: 1 FOOT  
 Company : INDY IRRIGATION INC Type: CONT  
 Co addr : 2350 IN RT 44  
 City : MARTINSVILLE State: IN Zip: 46151  
 Caller : LISA JOHNSON Phone: (765)349-9397  
 Contact : KENNY JOHNSON--CELL Phone:  
 BestTime:  
 Mobile : (317)691-2727  
 Fax : (765)352-1891  
 Email : LISA@INDYIRRIGATION.COM  
 Remarks : All tickets are taken and processed on Eastern Daylight Time  
 PER LISA JOHNSON - - HIT A VECTREN GAS LINE - DIGGING FRONT RIGHT SIDE OF  
 PROPERTY - GAS IS BLOWING - LISA HAS CALLED 911 AND VECTREN - LINE DESCRIPTION  
 UNKNOWN - CREW STILL ON SITE - PREVIOUS TICKET 1209120451  
 Will you be white-lining the dig site area? NO  
 :  
 Submitted date: 09/18/2012 Time: 10:33  
 Members: ID1048 ID1501 ID4471 ID5291 ID8940 ID9200 ID9999 SBCIN ID6921 SM  
 -----  
 Email\_From: irth@iupps.org  
 Email\_Subject: IUPPS ID4471 2012/09/18 #00480 1209181152-00A DAMG DAMG  
 Email\_Sent\_Date: 2012-09-18 09:35:24 CDT  
 Email\_host: tickets5.811tickets.com  
 Email\_user: 811.in.oc-vvc  
 Email\_To: 811.in.oc-vvc@tickets.811tickets.com  
 Email\_ContentType: text/plain



Property of United States Infrastructure Corporation  
Photo taken on 9/18/2012 10:55:20 AM



Property of United States Infrastructure Corporation  
Photo taken on 9/18/2012 10:55:48 AM



Property of United States Infrastructure Corporation  
Photo taken on 9/18/2012 10:56:00 AM

Tuesday, October 2, 2012

# Service Order Status

**Enter Service Order Number:**

5369013



**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD

**Order Number:** N5369013

**Order Type:** LEAK

**Order Status:** Completed

**Customer:** 621016722 - MCKEOWN RYAN

**Prem:** 5588451 - 2801 E HIGH GROVE CIR

**Technician:** 2822 - Steelsmith, Greg

**Order Dates and Times**

**Need Date:** 9/18/2012 10:50:00 AM  
**Time Created:** 9/18/2012 10:25:16 AM  
**Time Dispatched:** 9/18/2012 10:25:16 AM  
**Time In Route:** 9/18/2012 10:26:27 AM  
**Time On-Site:** 9/18/2012 10:46:03 AM  
**Tech Complete:** 9/18/2012 12:02:03 PM  
**Time Closed:** 9/18/2012 12:02:03 PM

**Events Performed/Completion Code**

LKOT - CMP

**Meter Information**

**Current Read Status**

**Old Meter:** 2144 Inactive

**New Meter:**

**Completion Notes**

irragation crew damaged 1 in. pl service/crew onsite to repair/////////ldt on frt door for cust to call for relite/////2822

**Request Notes**

PER LISA JOHNSON WITH INDY IRRIGATION/PH 765 349 9397/REPORTING HIT GAS LINE/BLOWING/NOT SURE WHAT SIZE/WAS LOCATED/LOC# 1209120451/NO OTHER INFOAVAIL/GAVE PREC.

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentManualAck_evt	9/18/2012 10:25:40 AM	Steelsmith, Greg
AsnAssignmentEnRoute_evt	9/18/2012 10:26:27 AM	Steelsmith, Greg
AsnAssignmentOnSite_evt	9/18/2012 10:46:03 AM	Steelsmith, Greg
OrdOrderComplete_evt	9/18/2012 12:02:03 PM	Steelsmith, Greg

NOTE:The Reporting database replicates in near real-time; it has been approximately 1 minute(s) since the last transaction replicated.