



## Pipeline Safety Division Investigation Report

### Investigation regarding: **D R Watson Company**

UPPAC Database Record ID: 3833

Investigator: Howard Friend

Report Date: 1/2/2013

Damage Date: 9/18/2012 12:28:06 PM

Damage Address: 1610 Magnolia Dr

City: Greenwood

County: Johnson

### The Parties

Excavator: **D R Watson Company**

Contact: Rhonda Moore

Address: 1966 Midwest Boulevard, Indianapolis, In 46214

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: D R Watson Company**

UPPAC Database Record ID: 3833

### **Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$319

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

Excavator request locates: Yes    Indiana 811 ticket Number: 1209141956

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Sewer

**Synopsis:** Damage to a natural gas service occurred during excavation for a sewer line.

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 12/22/2012. The excavator had a valid locate request and the operator provided accurate locate markings. The excavator had the natural gas facility exposed and continued to operate the backhoe near the gas line, striking the line causing the damage.

**Conclusion:** Excavator failed to maintain the required clearance with mechanized equipment.

**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: 3833

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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: D.R. Watson Co.

Responsible Party Personal Name: Chuck Watson

Title (if any): V.P.

Address (number and street): 1966 Midwest Blvd.

City, State and ZIP Code: Indianapolis,In 46214

Preferred Telephone Number (area code): (317) 271-1667

Cellular Telephone Number (area code): (317) 557-5534

Email Address: chuck@drwatsonco.com

**Facility Information:**

Business Name: Vectren

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*): Backhoe/Trackhoe

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

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

Personal Contact: Damon Barnhart \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Title (*if any*): Backhoe Operator \_\_\_\_\_

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

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): 1-812-605-0495 \_\_\_\_\_

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

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

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**Utility Line Impact**

**Location of Damage:**

Address (*number and street*): 1610 Magnolia Drive \_\_\_\_\_

City, State and ZIP Code: Greenwood,In \_\_\_\_\_

Nearest Intersection: Stop 18 rRad \_\_\_\_\_

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

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

**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):** \$ 318.72 \_\_\_\_\_

**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:** 1209141956 \_\_\_\_\_

- 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:** <sup>0</sup> \_\_\_\_\_

**Number of Inpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Fatalities:** <sup>0</sup> \_\_\_\_\_

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

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**Additional Information / Comments**

Had service uncovered and bump service with backside of bucket

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3833

Your Full Name: Chuck Watson

Full Name of Business / Entity (if applicable): D.R. Watson Co.

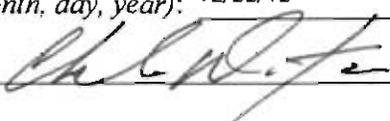
Your Business Title (if applicable): V.P.

Address (number and street): 1966 Midwest Blvd.

City: Indianapolis State: in ZIP Code: 46214

Your E-mail Address: Chuck@drwatsonco.com

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

Your Signature:  Title (if any) 

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3833**  
**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 3833

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: D R Watson Co

Business address (number and street): 1966 Midwest Blvd.

City, State, and ZIP code: Indianapolis, IN 46214

Telephone number (area code): 317-271-1667

Fax number (area code): 317-271-2799

E-mail address: Unknown

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

**Date and Location of Damage**

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

County: Johnson

City: Greenwood

Street address (number and street, city, state, and ZIP code):  
1610 Magnolia Drive, Greenwood, 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): 0.5

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 318.72

**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? 20

**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1209141956

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: --Failure to use hand tools where required

### **Additional Comments**

1" plastic service damaged by hoe. Not hand exposed.



PAID

NOW DUE  
\$318.72

2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

WATSON, D R CO  
1966 MIDWEST BLVD,  
INDIANAPOLIS, IN 46214

Type: GAS  
Invoice: FDS0016962  
BillToID: 32558  
Billing Date: 10/30/2012  
Date of Loss: 9/18/2012  
5835 103.0510

Please return this portion with your remittance.



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

NOW DUE  
\$318.72

WATSON, D R CO  
1966 MIDWEST BLVD,  
INDIANAPOLIS, IN 46214

Type: GAS  
Invoice: FDS0016962  
BillToID: 32558  
Billing Date: 10/30/2012  
Date of Loss: 9/18/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 1610 MAGNOLIA DRIVE, GREENWOOD  
1" PLASTIC SERVICE DAMAGED BY HOE. NOT HAND EXPOSED.

Material:	\$41.89
Company Labor:	\$218.08
Contract Labor:	\$0.00
Transportation/Equipment:	\$58.75
Misc:	\$0.00
Gas Loss:	\$0.00
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$318.72

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 0016962

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

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

Date of Damage 9/18/12

Vectren Claims Camera:

Cost Center # Franklin

# FACILITIES DAMAGE REPORT

## GAS

VE02097

Time Occurred 12:35

Time Found 12:47

Latitude 39.5455 Longitude: -86.0893

### DAMAGE SITE:

Address 1010 Magnolia Dr Lot # 12

### FACILITY TYPE:

- Distribution  Propane
- Service  Storage
- Transmission: (include supplemental report)

County Johnson City Greenwood State Ind Township Placemint

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"/> 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:

- 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)

### TYPE OF MATERIAL:

- Cast Iron
- Plastic (HDPE)
- Plastic (MDPE)
- Steel
- Other \_\_\_\_\_

### DAMAGE TYPE:

- Severed
- Not Cut
- Severed
- Size 1" x 2'

### PRESSURE:

- 25 PSIG
- 40 PSIG
- 50 PSIG
- 55 PSIG
- 60 PSIG
- 6 WC (.2163)
- 7 WC (252)
- Other \_\_\_\_\_

### PROTECTION IN PLACE:

- Building  Fence  None
- Post  Rail  Vault  N/A
- Other \_\_\_\_\_

### DURATION OF ESCAPING GAS:

Minutes: 10 min

### LEAK REPORT NUMBER:

EFV Activated  Yes  No  N/S

### FEED TYPE:

- One-Way Feed
- Two-Way Feed

Number of Customers Affected: \_\_\_\_\_

Total Hours Service Was Off: 30 min

### SERVICE ORDER NUMBER:

### 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 Water Service

### NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

- Locate Ticket: 1209141956
- Date: 9-18-12 Time: 13:00 am / pm

### TYPE OF REQUEST:

- Regular Request  Emergency Request
- Locate Company Notified
- Contact Name: USIC
- 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

INVOICE:

- Yes  No  N/S

**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: DK Watson  
 Address: 1976 Midwest Blvd  
 City/ State/ Zip: Indianapolis In  
 Phone: (317) 271-1667  
 Prepared / Investigated By: Cohen Date: 9/18/12

**PARTY TO INVOICE:**

Name: SAME  
 Address: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Reviewed by Field Supervisor: [Signature] Date: 9-20-12

## Ticket Portal Production

Ticket Text **Photos**

### Ticket Text

ID7131 00674 IUPPSa 09/14/2012 12:55:39 1209141956-00A NORM NEW GRID  
 NORMAL NOTICE  
 Ticket : 1209141956 Date: 09/14/2012 Time: 12:48 Oper: RJOHNSON Chan:002  
 State: IN Cnty: JOHNSON Twp: PLEASANT  
 Cityname: GREENWOOD Inside: Y Near: N  
 Subdivision: SOUTHERN GREEN  
 Address : 1610  
 Street : MAGNOLIA DR  
 Cross 1 : STOP 18 RD W Within 1/4 mile: Y  
 Location: AT THE ABOVE ADDRESS--LOCATE THE FRONT AND BOTH SIDES OF THE PROPERTY  
 :  
 Grids : 3935C8605D 3935C8605C 3935B8605C  
 Boundary: n 39.594181 s 39.590244 w -86.090256 e -86.086983  
 Work type : INSTALL WATER AND SEWER  
 Done for : WESTPORT HOMES  
 Start date: 09/18/2012 Time: 13:00 Hours notice: 96/48 Priority: NORM  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
 Duration : 3 DAYS Depth: 5 FEET  
 Company : D R WATSON COMPANY Type: CONT  
 Co addr : 1966 MIDWEST BOULEVARD  
 City : INDIANAPOLIS State: IN Zip: 46214  
 Caller : RHONDA MOORE Phone: (317)271-1667  
 Contact : CHUCK WATSON - OFFICE Phone:  
 BestTime:  
 Mobile : (317)271-1667  
 Fax : (317)271-2799  
 Email : SALES@DRWATSONCO.COM  
 Remarks : All tickets are taken and processed on Eastern Daylight Time  
 Will you be white-lining the dig site area? NO  
 :  
 Submitted date: 09/14/2012 Time: 12:48  
 Members: ID0270 ID1254 ID1293 ID4378 ID7131 ID7288 SBCIN ID6921 SM  
 -----  
 Email\_From: irth@iupps.org  
 Email\_Subject: IUPPS ID7131 2012/09/14 #00674 1209141956-00A NORM NEW  
 Email\_Sent\_Date: 2012-09-14 11:55:39 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 9/17/2012 6:44:14 PM



Property of United States Infrastructure Corporation  
Photo taken on 9/17/2012 6:44:16 PM



Property of United States Infrastructure Corporation  
Photo taken on 9/17/2012 6:44:18 PM



Property of United States Infrastructure Corporation  
Photo taken on 9/17/2012 6:44:22 PM



Property of United States Infrastructure Corporation  
Photo taken on 9/17/2012 6:44:28 PM

## Ticket Portal Production

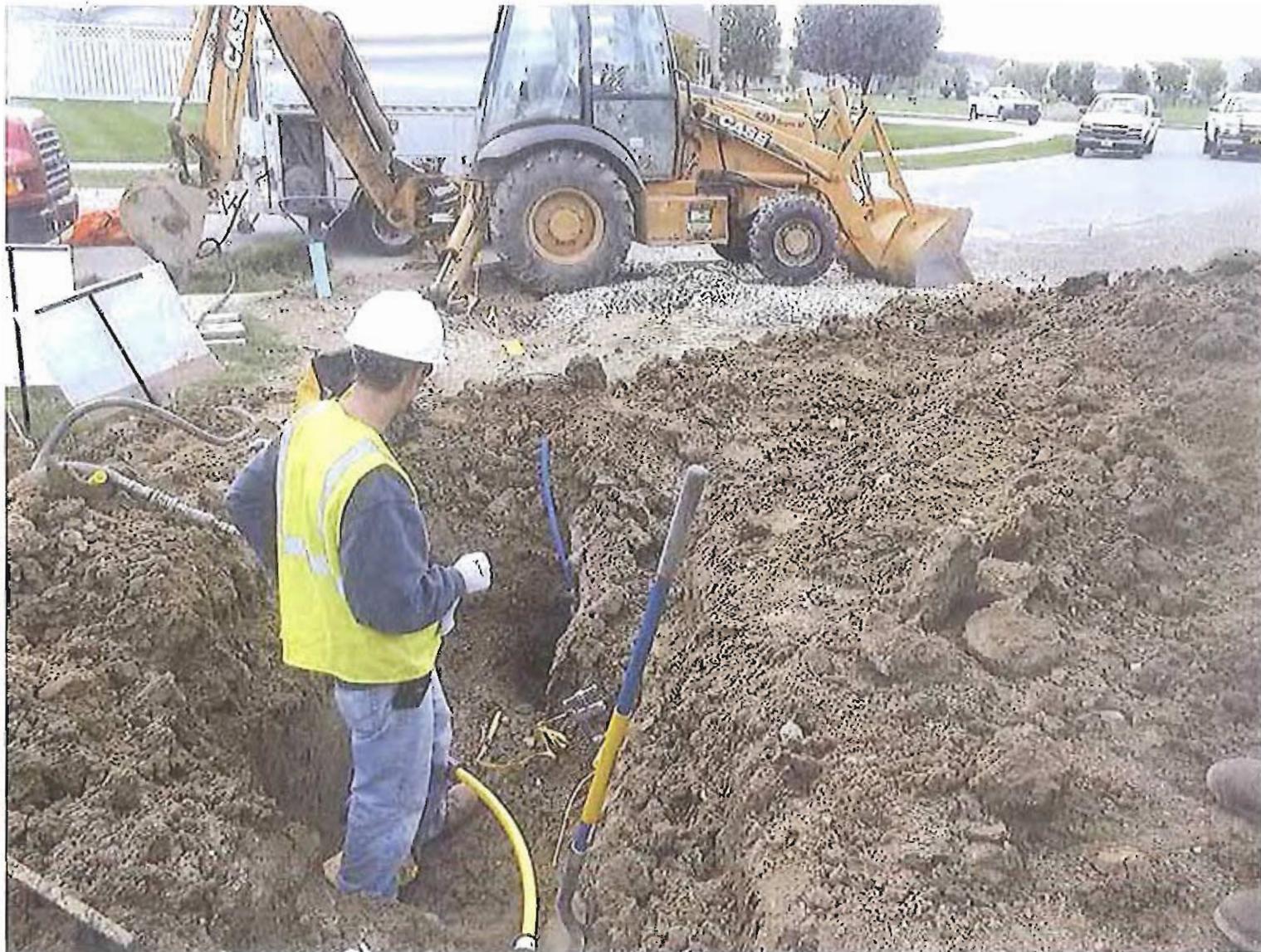
Ticket Text **Photos**

### Ticket Text

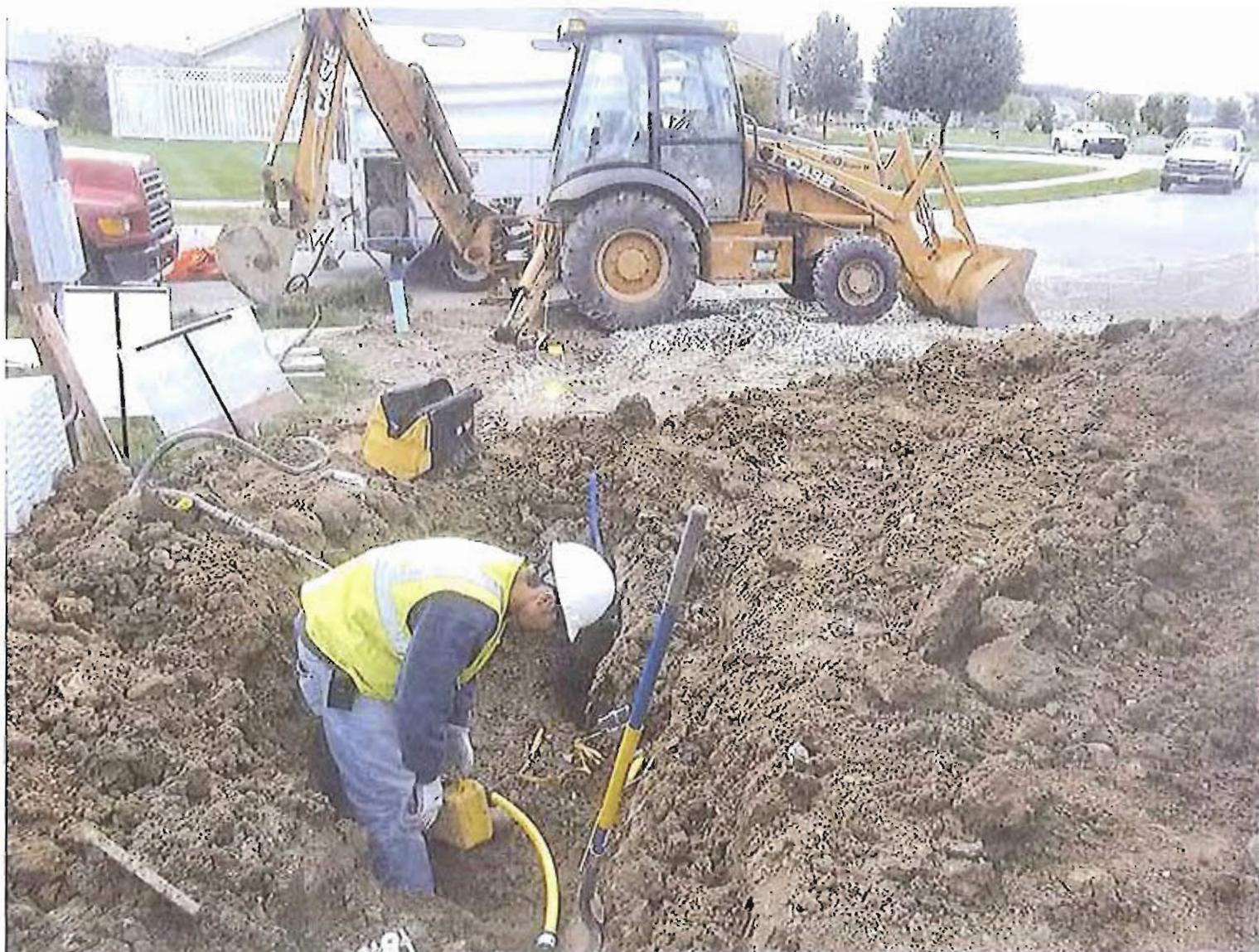
ID7131 00709 IUPPSa 09/18/2012 12:28:28 1209181835-00A EMER DAMG GRID  
 DAMAGE  
 Ticket : 1209181835 Date: 09/18/2012 Time: 12:24 Oper: CGRUBBS Chan:000  
 State: IN Cnty: JOHNSON Twp: PLEASANT  
 Cityname: GREENWOOD Inside: Y Near: N  
 Subdivision: SOUTHERN GREEN  
 Address : 1610  
 Street : MAGNOLIA DR  
 Cross 1 : STOP 18 RD W Within 1/4 mile: Y  
 Location: AT THE ABOVE ADDRESS--LOCATE THE FRONT AND BOTH SIDES OF THE PROPERTY  
 :  
 Grids : 3935C8605D 3935C8605C 3935B8605C  
 Boundary: n 39.594181 s 39.590244 w -86.090256 e -86.086983  
 Work type : INSTALL WATER AND SEWER  
 Done for : WESTPORT HOMES  
 Start date: 09/18/2012 Time: 12:25 Hours notice: 0/0 Priority: EMER  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
 Duration : 3 DAYS Depth: 5 FEET  
 Company : D R WATSON COMPANY Type: CONT  
 Co addr : 1966 MIDWEST BOULEVARD  
 City : INDIANAPOLIS State: IN Zip: 46214  
 Caller : RHONDA MOORE Phone: (317)271-1667  
 Contact : CHUCK WATSON - OFFICE Phone:  
 BestTime:  
 Mobile : (317)271-1667  
 Fax : (317)271-2799  
 Email : SALES@DRWATSONCO.COM  
 Remarks : All tickets are taken and processed on Eastern Daylight Time  
 PREVIOUS 1209141956-----PER CHUCK WATSON GAS LINE HAS BEEN CUT-----DOES NOT KNOW  
 WHAT GAS COMPANY----DAMAGE IS AT FRONT OF PROP----DOES NOT THINK GAS IS  
 BLOWING----ADVISED TO CALL 911----ADVISED TO CALL UTILITY FOR REPAIR  
 Will you be white-lining the dlg site area? NO  
 :  
 Submitted date: 09/18/2012 Time: 12:24  
 Members: ID0270 ID1254 ID1293 ID4378 ID7131 ID7288 SBCIN ID6921 SM  
 -----  
 Email\_From: irth@iupps.org  
 Email\_Subject: IUPPS ID7131 2012/09/18 #00709 1209181835-00A DAMG DAMG  
 Email\_Sent\_Date: 2012-09-18 11:28:28 CDT  
 Email\_host: tickets5.811tickets.com  
 Email\_user: 811.in.oc-vvc  
 Email\_To: 811.in.oc-vvc@tickets.811tickets.com  
 Email\_Contentype: text/plain



Property of United States Infrastructure Corporation  
Photo taken on 9/18/2012 1:16:30 PM



Property of United States Infrastructure Corporation  
Photo taken on 9/18/2012 1:16:46 PM



Property of United States Infrastructure Corporation  
Photo taken on 9/18/2012 1:17:08 PM

Tuesday, October 2, 2012

# Service Order Status

**Enter Service Order Number:**

5369256



Print Form      Previous Date

**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD  
**Order Number:** N5369256  
**Order Type:** LEAK  
**Order Status:** Completed

**Customer:** 620275002 - WESTPORT HOMES  
**Prem:** 5721837 - 1610 MAGNOLIA DR

**Technician:** 2148 - Shipp, Randy

**Order Dates and Times**

**Need Date:** 9/18/2012 12:55:00 PM  
**Time Created:** 9/18/2012 12:43:55 PM  
**Time Dispatched:** 9/18/2012 12:43:55 PM  
**Time In Route:** 9/18/2012 12:44:19 PM  
**Time On-Site:** 9/18/2012 12:48:10 PM  
**Tech Complete:** 9/18/2012 1:37:46 PM  
**Time Closed:** 9/18/2012 1:37:46 PM

**Events Performed/Completion Code**

LKOT - CMP

**Meter Information**

**Current ReadStatus**

**Old Meter:** 0000      **Active**  
**New Meter:**

**Completion Notes**

cut service crew fixed

**Request Notes**

PER CHUCK WATSON HIT GAS LINE IN FRONT YARD..LINES WEREMARK # 1209141956...CELL 317-557-5534...X/\$T  
 STOP 18...IN SOUTHERN GREENSUB DIV

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentEnRoute_evt	9/18/2012 12:44:19 PM	Shipp, Randy
AsnAssignmentManualAck_evt	9/18/2012 12:44:21 PM	Shipp, Randy
AsnAssignmentOnSite_evt	9/18/2012 12:48:10 PM	Shipp, Randy
OrdOrderComplete_evt	9/18/2012 1:37:46 PM	Shipp, Randy

NOTE:The Reporting database replicates in near real-time; it has been approximately 1 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: 11/9/2012  
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):  
**BATCH2-DR WATSON CO INC**

Check Number 1337  
Amount of Check \$318.72  
Utility/Company Name VECTREN ENERGY DELIVERY OF INDIANA - NORTH  
Task Number 103.0510  
Job Number FDS0016962

Date Printed: 11/12/2012

# Transaction Information G-3903420 CHI-861239 2012/11/09

[Back to Table of Contents](#)

## Transaction Level Details

Env Num	2	Envelope	G-3903420
Transaction	G-3903420	Lockbox	CHI-861239
Date	2012/11/09	Time	17:00
Batch	2	Batch Item	1
Check	2	Amount	\$318.72
ABA/RT	074014187	Account Num	300728435
Check Num	001337		

## Envelope and Check Image

DOCUMENT INCLUDES VISIBLE FIBERS, CHEMICAL REACTIVE PROPERTIES AND FEATURES & FOIL HOLOGRAM

1337

**D. R. WATSON CO., INC.**  
1966 MIDWEST BLVD, SUITE B  
INDIANAPOLIS, IN 46214-4314  
(317) 271-1667



FIRST INTERNET BANK  
20-1418/740

11/6/2012

PAY TO THE ORDER OF **VECTREC UTILITIES HOLDING GROUP, INC** \$\*\*318.72

Three Hundred Eighteen and 72/100\*\*\*\*\* DOLLARS

VECTREN UTILITIES HOLDING GROUP, INC  
1239 RELIABLE PARKWAY  
CHICAGO, IL 60686-0012

*Shonda M. Moore*  
AUTHORIZED SIGNATURE

MEMO  
FDS0016962

TRUE WATERMARK PAPER. HOLD TO LIGHT TO VIEW. HEAT SENSITIVE RED MAGNETIC PENS WITH NEAR

**D. R. WATSON CO., INC**  
1966 MIDWEST BLVD  
SUITE B  
INDIANAPOLIS, IN 46214

INDIANAPOLIS, IN 46214  
NOV 09 2012 PM 4:11

  
Liberty  
FOREVER

Vectren Utilities Holding Group, Inc.  
1239 Reliable Parkway  
Chicago, IL 60686-0012

606860012      

## Transaction Level Keyed Data

Remitter Name : DR WATSON CO INC Check Date : 2012/11/06

## Invoice Level Keyed Data

Invoice Number	Reference Number
FDS0016962	32558

		<b>NOW DUE</b>
2	VECTREN ENERGY DELIVERY OF INDIANA - NORTH	\$318.72
WATSON, D R CO 1808 MIDWEST BLVD, INDIANAPOLIS, IN 46214		Type: GAS Invoice: FDS0016962 BillToID: 32558 Billing Date: 10/30/2012 Date of Loss: 9/18/2012 6835 103.0510
<i>Please return this portion with your remittance.</i>		