



Pipeline Safety Division Investigation Report

Investigation regarding: Custom Concrete

UPPAC Database Record ID: 3841

Investigator: Howard Friend

Report Date: 1/2/2013

Damage Date: 9/19/2012 11:14:25 AM

Damage Address: 873 Southern Pines Dr

City: Whiteland

County: Johnson

The Parties

Excavator: **Custom Concrete**

Contact: Tyler Kingdon, Executive Director Of Operations

Address: 17241 Foundation Parkway, Westfield, In 46074

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: Custom Concrete

UPPAC Database Record ID: 3841

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$610

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1208161213, Expired

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Driveway

Synopsis: Damage to a natural gas service occurred during excavation for a new driveway.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/28/2012. The excavator provided notice of excavation on 8/16/12 and damaged the natural gas line 34 days later.

Conclusion: There was a failure to provide notice of excavation by allowing the original locate to expire.

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



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3841

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: Custom Concrete Co., Inc.

Responsible Party Personal Name: Manuel Carrera

Title (if any): owner CarrCrete LLC (subcontractor working for Custom Concrete)

Address (number and street): 17241 Foundation Parkway

City, State and ZIP Code: Westfield, IN 46074

Preferred Telephone Number (area code): 317-399-2287

Cellular Telephone Number (area code): _____

Email Address: tylerK@customconcrete.com

Facility Information:

Business Name: Custom Concrete Inc

Responsible Party Personal Name: Tyler Kingdon

Title (if any): Executive Director of Operations

Address (number and street): 17241 Foundation Parkway

City, State and ZIP Code: Westfield, IN 46074

Preferred Telephone Number (area code): 317-399-2287

Cellular Telephone Number (area code): 317-8509-3644

Email Address: tyler@customconcrete.com

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): Grader/Scrapper

Type of Work Performed (select one): Driveway

Other Information (Witness, Police, Fire, Other): NONE

Personal Contact: _____

Business/Organization Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): _____

Indiana 811 Locate Ticket Number: 120816213 - original ticket #
1209212402 - Damage ticket #

Locate Information

Excavator Request Locate: Yes No

Excavator Notify 811: Yes No

Ignition and/or Fire: Yes No

Release of Product: Yes No (only very small) stake sealed hole

Repair Cost (if known): \$ 609.84

Evacuation: Yes No If yes, How Many Evacuated? _____

Interruption in Service: Yes No Number of Customers Affected: 0

Pressure (PSIG/Inches): 2 lb

Size (Diameter/etc.): 1"

Facility Type (select one): Unknown/Other House line

Product Type (select one): Natural Gas

Nearest Intersection: Underwood Drive

City, State and ZIP Code: Whiteland, IN 46184

Address (number and street): 873 Southern Pines Drive

Location of Damage:

Utility Line Impact

Email Address: _____

Cellular Telephone Number (area code): _____

This incident occurred in September 2012. We had two other A11 in the same zone span. We have now implemented a safe guard in our scheduling / locally procedures to ensure exposed trucks are recalled prior to work commencing. I respectfully request that this incident be added to the other two for which we have "hurry" scheduled for 2/11/12 with Mr. Baker, and be closed as such upon the completion of that thing.

I have attached a permit from your site suspended for your review also. Thank you, Tyler Kogdon, USBC/Concrete

Additional Information / Comments

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

Was Locate Provided within Two (2) Working Days: Yes No

Operator Employees On-site during Excavation: Yes No

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

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

Did not include the locate gas line installed the day before

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3841

Your Full Name: Tyler J Kingdon

Full Name of Business / Entity (if applicable): Custom Concrete Inc.

Your Business Title (if applicable): Exec Director of Operations

Address (number and street): 17241 Foundation Parkway

City: Westfield State: IN ZIP Code: 46074

Your E-mail Address: tyler.k@customconcrete.com

Today's Date (month, day, year): December 28, 2012

Your Signature:  Title (if any) Exec Dir. of ops.

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3841
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

Tyler J. Kingdon

From: Tyler J. Kingdon
Sent: Friday, December 28, 2012 12:33 PM
To: Tyler J. Kingdon
Subject: FW: 12t-202 lot 91 timbervalley ,873 southern pines drive Greenwood In.

From: Doug Marvin
Sent: Tuesday, December 18, 2012 3:17 PM
To: Tyler J. Kingdon
Subject: 12t-202 lot 91 timbervalley ,873 southern pines drive Greenwood In.

The builder's superintended called us to let us know site was ready 9/17/12, at this point we had already called for locates because we saw it coming up on the schedule. The locates had already been marked for awhile. The crew arrived on site on 9/19 to cut out, form, and pour the sidewalks. The crew started working (site had locates marked). A crew member drove a steel stake into a gas line when installing the forms for sidewalk. The crew foreman called me right away and told me he had hit the gas line and it had a small leak. Upon receiving this information it was discovered that the locate marks on site were not ours, they were for the gas utility that had had done the house line instillation work just a day or two before we arrived. Our locate marks had expired. We called the damage ticket into IUPPS. The gas company repaired damaged line.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

INITIAL DOCUMENTS -
OPERATOR
CASE 3841

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: Custom Concrete

Business address (number and street): 17241 Foundation Pkwy

City, State, and ZIP code: Westfield, IN 46074

Telephone number (area code): 317-299-3385

Fax number (area code): 317-399-2385

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Grader/Scraper

Type of work performed: Driveway

Date and Location of Damage

Date of damage (*month, day, year*): 9-19-2012

County: Johnson

City: Greenwood

Street address (*number and street, city, state, and ZIP code*):
873 Southern Pines, 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? No

If yes, how many affected? 0

Time to restore service (*in hours*): 0

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$: 609.84

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: 1208161213-expired

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Contract Locator

If a contractor locator, enter the company name, if known: USIC

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Yes

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: --No notification made to the one-call center

Additional Comments

1" plastic service damaged by grader. No valid locate.

Original ticket (1208161213) done before gas was installed. Between initial locates and damage; gas installed, contractor did not recall locates.



25 11 12

NOW DUE

2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

\$609.84

CUSTOM CONCRETE
17241 FOUNDATION PARKWAY,
WESTFIELD, IN 46074

Type: GAS
Invoice: FDS0016963
BillToID: 32560
Billing Date: 10/30/2012
Date of Loss: 9/19/2012
5835 103.0510

Please return this portion with your remittance.



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

NOW DUE

\$609.84

CUSTOM CONCRETE
17241 FOUNDATION PARKWAY,
WESTFIELD, IN 46074

Type: GAS
Invoice: FDS0016963
BillToID: 32560
Billing Date: 10/30/2012
Date of Loss: 9/19/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 873 SOUTHERN PINES, GREENWOOD

1" PLASTIC SERVICE DAMAGED BY GRADER. NO VALID LOCATE AND NOT HAND EXPOSED.

Material:	\$20.63
Company Labor:	\$442.65
Contract Labor:	\$0.00
Transportation/Equipment:	\$146.56
Misc:	\$0.00
Gas Loss:	\$0.00
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$609.84

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 0016963

Task No: 103,0510 Capital / O & M (circle one)

Police Report / MO #: _____

Date of Damage 9/19/12

Cost Center # 5835

FACILITIES DAMAGE REPORT

Vectren Claims Camera:

VE02695
4

Time Occurred 11:25 (am/pm)

Time Found 11:46 (am/pm)

Latitude 39.575620 Longitude -86.124520 GAS

DAMAGE SITE: Address 873 Southern Pines Lot # _____

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

County Johnson City Greenwood State IN Township Pleasant

FACILITIES DAMAGED:	ORIFICE SIZE(S):	(1)	(2)	(3)
<input type="checkbox"/> Farm Tap	0.50 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heater	5/8 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Main	0.75 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Residential)	1.00 inch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Industrial / Commercial)	1.25 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Odorizer	2.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regulator Station	3.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Relief Valve	4.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Risers	5.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Service Line	6.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Valve	10.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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 _____			

9/20

VISUAL OBSERVATION AT DAMAGE SITE:	
Visual Observation:	<input type="checkbox"/> Above Ground <input checked="" type="checkbox"/> Below Ground
Locate Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/S
Facilities Properly Marked	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/S
Marking Methods:	<input type="checkbox"/> Conventional <input type="checkbox"/> Flags <input type="checkbox"/> None <input type="checkbox"/> Offset <input type="checkbox"/> Paint <input type="checkbox"/> Stakes <input type="checkbox"/> Whiskers
Locate Marking Faded:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/S
Wrong Address Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/S

TYPE OF MATERIAL:	DAMAGE TYPE:	PRESSURE:
<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 x 1/4</u>	<input checked="" type="checkbox"/> 55 PSIG
	<u>push</u>	<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 _____

Facilities Improperly Located:	
<input type="checkbox"/> Qualified Locator Could Not Have Accurately Located	
<input type="checkbox"/> Inaccurate Maps / Cards	
<input type="checkbox"/> Broken or No Tracer Wire (Plastic)	
<input type="checkbox"/> Insulation Preventing Accurate Locate	
Locator Error:	
<input type="checkbox"/> Failure to Follow Policy	
<input type="checkbox"/> Inappropriate Site Markings	
<input type="checkbox"/> Incomplete Locate	
<input type="checkbox"/> No Locates Performed	
<input type="checkbox"/> Qualified Locator Could Have Accurately Located	
<input type="checkbox"/> Wrong Address Located	
<input type="checkbox"/> Marking Off By: _____ (Feet / Inches)	

PROTECTION IN PLACE:
<input type="checkbox"/> Building <input type="checkbox"/> Fence <input checked="" type="checkbox"/> None
<input type="checkbox"/> Post <input type="checkbox"/> Rail <input type="checkbox"/> Vault <input type="checkbox"/> N/A
<input type="checkbox"/> Other _____

DURATION OF ESCAPING GAS:

Minutes: 32 MIN

LEAK REPORT NUMBER: _____

EFV Activated Yes No N/S

Observation by (ID#): 2524

FEED TYPE:
 One-Way Feed
 Two-Way Feed

Number of Customers Affected: 1 (inactive)
Total Hours Service Was Off: 30 MIN

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

SERVICE ORDER NUMBER: _____

DAMAGED BY:
<input type="checkbox"/> Company Crew
<input checked="" type="checkbox"/> Contractor
<input type="checkbox"/> County
<input type="checkbox"/> Developer
<input type="checkbox"/> Farmer
<input type="checkbox"/> Municipality
<input type="checkbox"/> Property Owner/ Tenant
<input type="checkbox"/> Railroad
<input type="checkbox"/> State
<input type="checkbox"/> Unknown
<input type="checkbox"/> Utility
<input type="checkbox"/> Vehicle Accident
<input type="checkbox"/> Other _____

TYPE OF CONSTRUCTION:
<input type="checkbox"/> Agriculture
<input type="checkbox"/> Building Construction
<input type="checkbox"/> Building Demolition
<input type="checkbox"/> Cable TV
<input type="checkbox"/> Curbs / Sidewalk
<input type="checkbox"/> Drainage
<input checked="" type="checkbox"/> Driveway
<input type="checkbox"/> Electric
<input type="checkbox"/> Engineering / Surveying
<input type="checkbox"/> Fencing
<input type="checkbox"/> Grading
<input type="checkbox"/> Irrigation
<input type="checkbox"/> Landscaping
<input type="checkbox"/> Liquid Pipeline
<input type="checkbox"/> Milling
<input type="checkbox"/> Pole
<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Public Transit Authority
<input type="checkbox"/> Railroad Maintenance
<input type="checkbox"/> Other _____

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:
 Locate Ticket: 1208161213 (expired)
Date: 8/16/12 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

WORKING FOR:
 City County Developer
 State Property Owner
 Utility

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
 Median at Site Yes No
 Was There Ignition of Gas? Yes No

INVOICE: Yes No N/S

DAMAGING PARTY:
 Name: Custom Concrete
 Address: 17241 Foundation Pkwy
 City/ State/ Zip: Westfield, IN 46074
 Phone: (317) 299-3385
(317) 339-2285
 Prepared / Investigated By: Kevin VanStyke Date: 9-19-12

PARTY TO INVOICE:
 Name: SAMB
 Address: _____
 City/ State/ Zip: _____
 Phone: _____
 Reviewed by Field Supervisor: _____ Date: 9-20-12

excavator digging with expired locates
 New service installed 9-18-12 - No flags or paint
 Dug with Facility Being Located

Ticket Portal Production

Ticket Text [Photos](#)

Ticket Text

ID7131 01221 IUPPSa 08/16/2012 10:15:30 1208161213-00A NORM NEW STRT
 NORMAL NOTICE
 Ticket : 1208161213 Date: 08/16/2012 Time: 10:13 Oper: AMANDA.BURCHAM Chan:000
 State: IN Cnty: JOHNSON Twp: PLEASANT
 Cityname: WHITELAND Inside: N Near: Y
 Subdivision: TIMBER VALLEY Lot: 91
 Address : 873
 Street : SOUTHERN PINES DR
 Cross 1 : N 125 W Within 1/4 mile: Y
 Location: LOCATE ENTIRE PROPERTY
 ;
 Grids : 3934C8607C 3934B8607C 3934C8607B 3934B8607B
 Boundary: n 39.576637 s 39.574894 w -86.125427 e -86.122704
 Work type : PUSH OFF FOR DRIVE AND WALKS
 Done for : RYAN HOMES
 Start date: 08/20/2012 Time: 10:30 Hours notice: 96/48 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 1 DAY Depth: 3 FEET
 Company : CUSTOM CONCRETE Type: CONT
 Co addr : 17241 FOUNDATION PARKWAY
 City : WESTFIELD State: IN Zip: 46074
 Caller : AMANDA BURCHAM Phone: (317)299-3385
 Contact : AMANDA BURCHAM Phone:
 BestTime:
 Mobile : (317)299-3385
 Fax : (317)399-2385
 Email : AMANDAB@CUSTOMCONCRETE.COM
 Remarks : All tickets are taken and processed on Eastern Daylight Time
 Will you be white-lining the dig site area? NO
 ;
 Submitted date: 08/16/2012 Time: 10:13
 Members: ID0270 ID1254 ID2034 ID4378 ID7131 ID7288 ID5857 ID6921 SM

 Email_From: irth@iupps.org
 Email_Subject: IUPPS ID7131 2012/08/16 #01221 1208161213-00A NORM NEW
 Email_Sent_Date: 2012-08-16 09:15:30 CDT
 Email_host: tickets6.811tickets.com
 Email_user: 811.in.oc
 Email_To: 811.in.oc@tickets.811tickets.com
 Email_ContentType: text/plain

Ticket Portal Production

Ticket Text **Photos**

Ticket Text

ID2034 00107 IUPPSa 09/19/2012 11:14:27 1209191293-00A EMER DAMG STRT
 DAMAGE SEE REMARKS
 Ticket : 1209191293 Date: 09/19/2012 Time: 11:12 Oper: SPOPE Chan:044
 State: IN Cnty: JOHNSON Twp: PLEASANT
 Cityname: WHITELAND Inside: N Near: Y
 Subdivision: TIMBER VALLEY Lot: 91
 Address : 873
 Street : SOUTHERN PINES DR
 Cross 1 : N 125 W Within 1/4 mile: Y
 Location: LOCATE ENTIRE PROPERTY
 :
 Grids : 3934C8607C 3934B8607C 3934C8607B 3934B8607B
 Boundary: n 39.576637 s 39.574894 w -86.125427 e -86.122704
 Work type : PUSH OFF FOR DRIVE AND WALKS
 Done for : RYAN HOMES
 Start date: 09/19/2012 Time: 11:12 Hours notice: 0/0 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 1 DAY Depth: 3 FEET
 Company : CUSTOM CONCRETE Type: CONT
 Co addr : 17241 FOUNDATION PARKWAY
 City : WESTFIELD State: IN Zip: 46074
 Caller : AMANDA BURCHAM Phone: (317)299-3385
 Contact : AMANDA BURCHAM Phone:
 BestTime:
 Mobile : (317)399-2285
 Fax : (317)399-2385
 Email : AMANDAB@CUSTOMCONCRETE.COM
 Remarks : All tickets are taken and processed on Eastern Daylight Time
 VECTREN GAS LINE HAS BEEN CUT--LINE IS BLOWING--ADVISED TO CALL 911--LINE WAS
 CUT IN FRONT OF PROPERTY--SIZE AND COLOR UNKNOWN--CREW ON SITE--PREV TICKET
 1208161213--THANK YOU
 Will you be white-lining the dig site area? NO
 :
 Submitted date: 09/19/2012 Time: 11:12
 Members: ID0270 ID1254 ID2034 ID4378 ID7131 ID7288 ID5857 ID6921 SM

 Email_From: IRTH.Net@qwest.com
 Email_Subject: Seq# 77: 1209191293 for ID2034
 Email_Sent_Date: 2012-09-19 10:14:38 CDT
 Email_MessageID: <201209191514.q8JFEbPt023495@sudnp796.qintra.com>
 Email_host: tickets6.811tickets.com
 Email_user: 811.in.ctl
 Email_To: 811.in.ctl@tickets.811tickets.com
 Email_ContentType: text/Plain; charset=US-ASCII



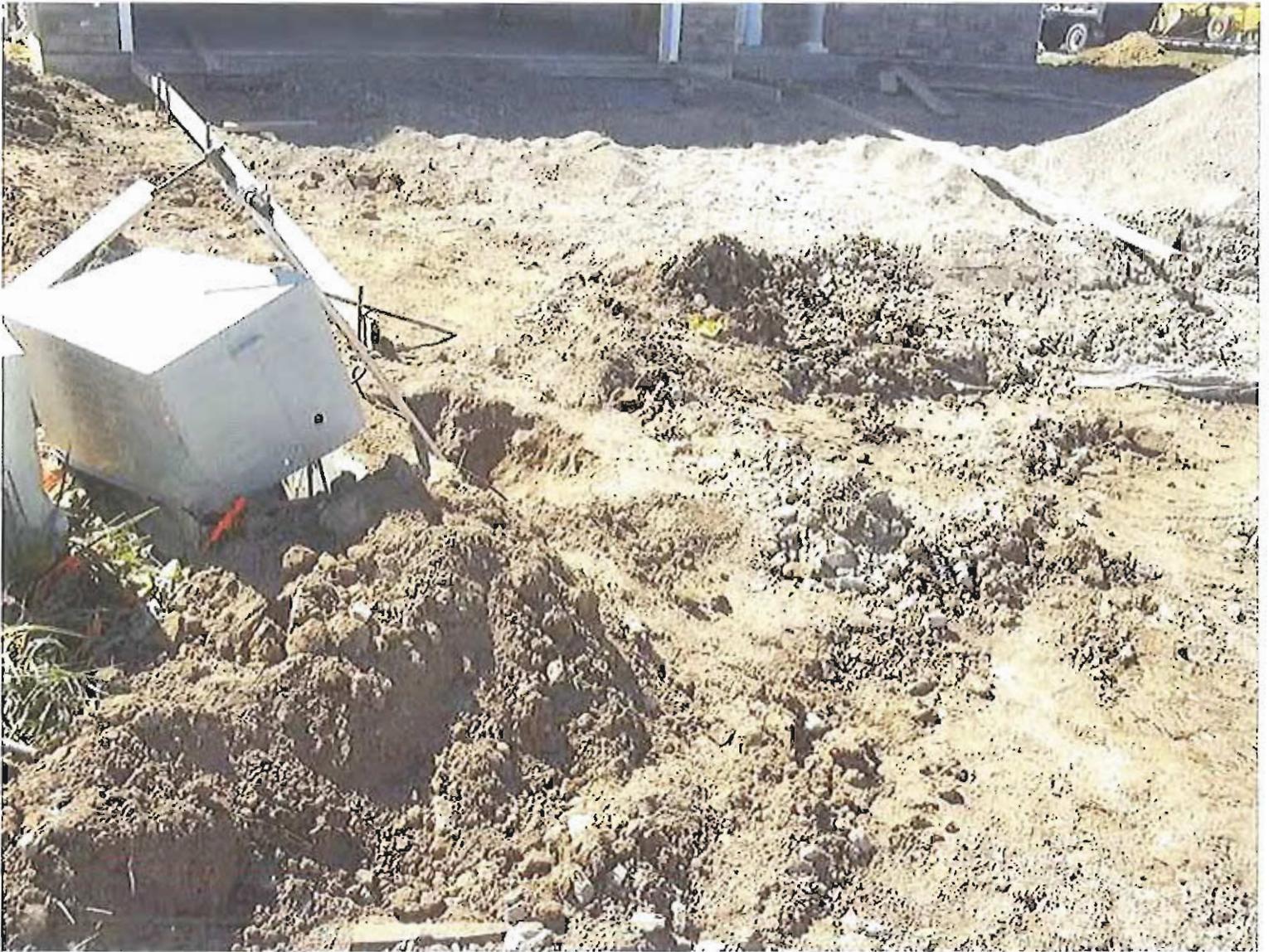
Property of United States Infrastructure Corporation
Photo taken on 9/19/2012 12:09:38 PM



Property of United States Infrastructure Corporation
Photo taken on 9/19/2012 12:15:22 PM



Property of United States Infrastructure Corporation
Photo taken on 9/19/2012 12:16:06 PM



Property of United States Infrastructure Corporation
Photo taken on 9/19/2012 12:15:58 PM

View Ticket Information

District: Ticket Number: **Start Work Date:** 09/19/2012**Start Time:** 11:32**End Work Date:** 09/19/2012**End Time:** 11:32**Work Desc:** NLR-No Buried Fac in Conflict (1) [VECTREN N]**Type of Work:** PUSH OFF FOR DRIVE AND WALKS**Locator Notes:** Arrived at 873 Southern Pines Drive at 11:32 A.M. Contractor had damaged the gas service from the main to the house. The original ticket was done on 8/17/12 and the gas service was not yet installed. Contractor was digging down to install the driveway and the sidewalks when the service to house was damaged. The contractor said that there were no flags in the ground from Vectren telling them where the gas service was. The ticket that the contractor was digging on was also expired. The gas s**Locator ID:** 134092**Complete?** Yes**Start Work Date:** 09/19/2012**Start Time:** 11:32**End Work Date:** 09/19/2012**End Time:** 11:32**Work Desc:** NLR-No Buried Fac in Conflict (1) [VECTREN N]**Type of Work:** PUSH OFF FOR DRIVE AND WALKS**Locator Notes:** Arrived at 873 Southern Pines Drive at 11:32 A.M. Contractor had damaged the gas service from the main to the house. The original ticket was done on 8/17/12 and the gas service was not yet installed. Contractor was digging down to install the driveway and the sidewalks when the service to house was damaged. The contractor said that there were no flags in the ground from Vectren telling them where the gas service was. The ticket that the contractor was digging on was also expired. The gas s**Locator ID:** 134092**Complete?** Yes[Click here to view ticket text and photos.](#)

Service Order Status

Tuesday, October 2, 2012

Enter Service Order Number:

5370264



Class Code

Invoice Date

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5370264
Order Type: LEAK
Order Status: Completed

Customer: 620225639 - RYAN HOMES
Prem: 5719640 - 873 SOUTHERN PINES DR

Technician: 2524 - VanSlyke, Kevin

Order Dates and Times

Need Date: 9/19/2012 11:44:00 AM
Time Created: 9/19/2012 11:31:46 AM
Time Dispatched: 9/19/2012 11:31:46 AM
Time In Route: 9/19/2012 11:35:27 AM
Time On-Site: 9/19/2012 11:46:56 AM
Tech Complete: 9/19/2012 12:48:47 PM
Time Closed: 9/19/2012 12:48:47 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter:
New Meter:

Completion Notes

concrete contractor cut 1" plastic service. I squeezed off. company crew on site for repairs.

Request Notes

HIT LINE PER DONNIE W/ 811. HIT BY CUSTON CONCRETE. POC AMANDA BERCHUM317-399-2285. HISSING AND BLOW ING. AT FRNT SD OF HSE. XST N 125 W.PREV LOC# 12081161223. CREW ONSITE.

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	9/19/2012 11:32:33 AM	VanSlyke, Kevin
AsnAssignmentEnRoute_evt	9/19/2012 11:35:27 AM	VanSlyke, Kevin
AsnAssignmentOnSite_evt	9/19/2012 11:46:56 AM	VanSlyke, Kevin
OrdOrderComplete_evt	9/19/2012 12:48:47 PM	VanSlyke, Kevin

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: 11/26/2012
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-CUSTOM CONCRETE

Check Number 84642
Amount of Check \$609.84
Utility/Company Name VECTREN ENERGY DELIVERY OF INDIANA - NORTH
Task Number 103.0510
Job Number FDS0016963

Date Printed: 11/27/2012

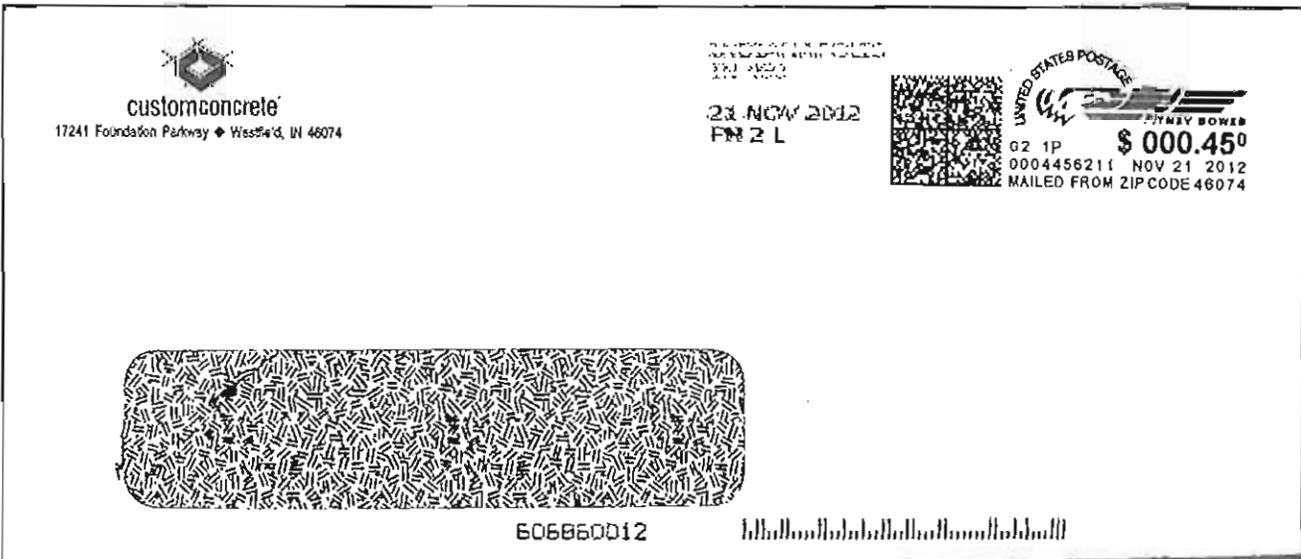
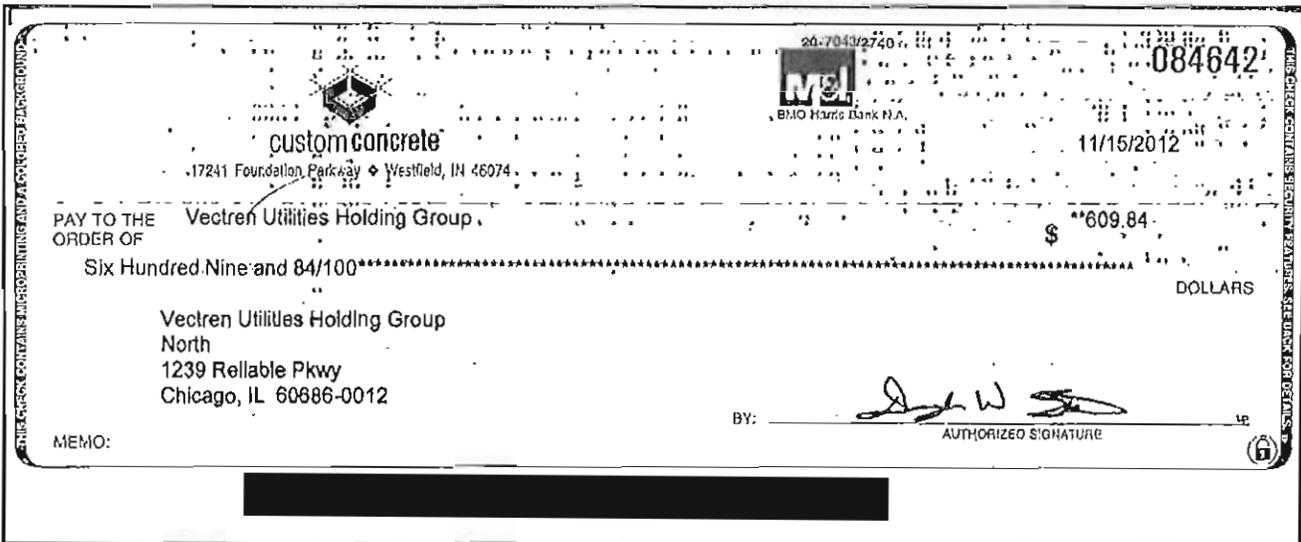
Transaction Information G-5218448 CHI-861239 2012/11/26

[Back to Table of Contents](#)

Transaction Level Details

Env Num	5	Envelope	G-5218448
Transaction	G-5218448	Lockbox	CHI-861239
Date	2012/11/26	Time	12:00
Batch	1	Batch Item	5
Check	5	Amount	\$609.84
ABA/RT	274070439	Account Num	010010226
Check Num	084642		

Envelope and Check Image



Transaction Level Keyed Data

Remitter Name : CUSTOM CONCRETE Check Date : 2012/11/15

Invoice Level Keyed Data

Invoice Number	Reference Number
FDS0016963	32560

CUSTOM CONCRETE CO., INC.							084642
Vectren Utilities Holding Group					11/15/2012		
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment	
10/30/2012	Bill	FDS0016963	609.84	609.84		609.84	
						Check Amount	609.84
Marshall and Hsley Ba							609.84

	2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH	NOW DUE
		\$609.84
CUSTOM CONCRETE 17241 FOUNDATION PARKWAY, WESTFIELD, IN 46074		Type: GAS Invoice: FDS0016963 BillToID: 32560 Billing Date: 10/30/2012 Date of Loss: 9/10/2012 5835 103.0510
Please return this portion with your remittance.		