



Pipeline Safety Division Investigation Report

Investigation regarding: South Central Indiana Remc

UPPAC Database Record ID: 3862

Report Date: 5/30/2013

Investigator: Mike Orr

Damage Date: 9/24/2012 9:18:09 AM

Damage Address: 5423 Shae Lake Dr, Mooresville, Morgan

The Parties

Excavator: **South Central Indiana Remc**

Address: 300 Morton Ave, Martinsville, In 46151

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Electric

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$355

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number: 1209142225

Original Start Date:

Locate Instructions: AREA IS MARKED LOCATE AROUND PADMOUNT TRANSFORMER AND ALONG FLAGGED ROUTE TO METER BASE

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service line was damaged by an excavator using a backhoe for the REMC

Findings: Reported by Indiana 811; neither the excavator nor the REMC responded to initial notice mailed 11/30/2012. The REMC had called in a locate request assuming responsibility for the work; however, another excavator was performing the work damaging the natural gas service line. As an association member, the REMC would have knowledge another excavator cannot piggyback a locate request

Conclusion: There was a failure to provide notice of excavation.

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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

INITIAL DOCUMENTS -
OPERATOR

CASE 3862

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: Prince Excavating

Business address (number and street): 5757 E Gutherie Rd.

City, State, and ZIP code: Heltonville, IN 47436

Telephone number (area code): 812-360-1358

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: Electric

Date and Location of Damage

Date of damage (*month, day, year*): 9-24-2012

County: Morgan

City: Mooreville

Street address (*number and street, city, state, and ZIP code*):
5423 E. Shea Lake, Mooreville, IN

Nearest intersection: Unknown

Right of way where damage occurred: Public - Other

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 \$ 355.34

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? No

Enter Indiana 811 ticket number, if known: _____

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: None _____

Was site marked by "White Lining"? Yes

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

Additional Comments

1" plastic service severed by hoe. No valid locate and not hand exposed. Locates called by REMC and contractor did work.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

PAID

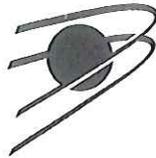
NOW DUE

\$355.34

PRINCE EXCAVATING
5757 E GUTHRIE ROAD,
HELTONVILLE, IN 47436

Type: GAS
Invoice: FDS0016987
BillToID: 32696
Billing Date: 10/31/2012
Date of Loss: 9/24/2012
5929 103.0510

Please return this portion with your remittance.



Mail Payment To:
Vectren Utilities Holding Group, Inc. VECTREN ENERGY DELIVERY OF INDIANA - NORTH
1239 Reliable Parkway
Chicago, IL 60686-0012
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5
Risk Management/Claims Department

NOW DUE
\$355.34

PRINCE EXCAVATING
5757 E GUTHRIE ROAD,
HELTONVILLE, IN 47436

Type: GAS
Invoice: FDS0016987
BillToID: 32696
Billing Date: 10/31/2012
Date of Loss: 9/24/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 5423 E SHEA LAKE, MOORESVILLE

1" PLASTIC SERVICE SEVERED BY HOE. NOT HAND EXPOSED.

Material:	\$69.43
Company Labor:	\$243.41
Contract Labor:	\$0.00
Transportation/Equipment:	\$42.50
Misc:	\$0.00
Gas Loss:	\$0.00
Adjustments:	\$0.00
Payments:	\$0.00
<hr/> Total:	\$355.34

5929 103.0510

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

MAX # 8338922

FDS/16985

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

Vectren Claim Number: _____

Date of Damage 9/12/12

Police Report / MO #: _____

Cost Center # _____

FACILITIES DAMAGE

Time Occurred 9:25 am pm

REPORT

Time Found 9:45 am pm

GAS

Latitude 39.612601 Longitude: 86.329295

Vectren Claims Camera:

VE01586

Form 3112

DAMAGE SITE:

Address 5423 E. Shea Lake Dr Lot # _____

FACILITY TYPE:

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

County Morgan City Mooreville State WV Township _____

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 checked="" 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 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
- Offset Paint Stakes Whiskers
- 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#): 3171

Name of Locator: SUIC

LOCATING ORGANIZATION:

- Contract Locator
- Unknown / Other
- Utility Owner

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

Locate Ticket: 12.09142225

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 MATERIAL:

- Cast Iron
- Plastic (HDPE)
- Plastic (MDPE)
- Steel
- Other _____

DAMAGE TYPE:

- Severed
- Not Cut
- Severed
- Size 1 x 1

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: 25

LEAK REPORT

NUMBER: 20658

EFV Activated Yes No N/S

Number of Customers Affected: 1

Total Hours Service Was Off: _____

FEED TYPE:

- One-Way Feed
- Two-Way Feed

SERVICE ORDER NUMBER: N5374134

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

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: Prince Excavating
 Address: _____
 City/ State/ Zip: Hellamville IN 47762
 Phone: (812) 360-1358
David S. Combs 9-24-12
 Prepared / Investigated By: _____ Date: _____

PARTY TO INVOICE:

Name: Prince Excavating
 Address: _____
 City/ State/ Zip: Hellamville IN 47762
 Phone: (812) 360-1358
Randa Powers 9/25/12
 Reviewed by Field Supervisor: _____ Date: _____

NORMAL NOTICE

Ticket : 1209142225 Date: 09/14/2012 Time: 01:49 Oper: ROB.PRYOR Chan:000

State: IN Cnty: MORGAN Twp: MADISON
 Cityname: MOORESVILLE Inside: N Near: Y
 Subdivision: Lot: 59

Address : 5423
 Street : SHAE LAKE DR
 Cross 1 : BROCK RD Within 1/4 mile: N
 Location: AREA IS MARKED LOCATE AROUND PADMOUNT TRANSFORMER AND ALONG FLAGGED
 ROUTE TO METER BASE
 :
 Grids : 3936B8619B 3936A8619B 3936B8619A 3936A8619A

Work type : INSTALLING UG CABLE
 Done for : SUNCO CONSTRUCTION
 Start date: 09/18/2012 Time: 14:00 Hours notice: 108/48 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 1 DAY Depth: 3 FEET

Company : SOUTH CENTRAL INDIANA REMC Type: MEMB
 Co addr : 300 MORTON AVE
 City : MARTINSVILLE State: IN Zip: 46151
 Caller : ROB PRYOR Phone: (765)342-3344
 Contact : ROB PRYOR - CELL Phone:
 BestTime:
 Mobile : (317)502-0099
 Fax : (765)342-1346
 Email : ROBP@SCIREMC.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 Will you be white-lining the dig site area? YES
 :

Submitted date: 09/14/2012 Time: 01:49
 Members: CV ID1214 ID1443 ID1675 ID4023 ID9547 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST CABLEVISION - INDIANAPOLIS	CABLE TV
HILL WATER CORPORATION	WATER
MOORESVILLE, TOWN OF	
NEW WAVE COMMUNICATION / FORMERLY AVENUE BROADBAND	CABLE TV
SOUTH CENTRAL INDIANA R.E.M.C.	ELECTRIC
VECTREN - BLOOMINGTON	GAS

[View Map](#)

[Close Map](#)

DAMAGE SEE REMARKS

Ticket : 1209240830 Date: 09/24/2012 Time: 09:15 Oper: KSWANK Chan:063

State: IN Cnty: MORGAN Twp: MADISON
 Cityname: MOORESVILLE Inside: N Near: Y
 Subdivision: Lot: 59

Address : 5423
 Street : SHAE LAKE DR
 Cross 1 : BROCK RD Within 1/4 mile: N
 Location: AREA IS MARKED LOCATE AROUND PADMOUNT TRANSFORMER AND ALONG FLAGGED
 ROUTE TO METER BASE
 :
 Grids : 3936B8619B 3936A8619B 3936B8619A 3936A8619A

Work type : INSTALLING UG CABLE
 Done for : SUNCO CONSTRUCTION
 Start date: 09/24/2012 Time: 09:15 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 1 DAY Depth: 3 FEET

Company : SOUTH CENTRAL INDIANA REMC Type: MEMB
 Co addr : 300 MORTON AVE
 City : MARTINSVILLE State: IN Zip: 46151
 Caller : ROB PRYOR Phone: (765)342-3344
 Contact : ROB PRYOR - CELL Phone:
 BestTime:
 Mobile : (317)502-0099
 Fax : (765)342-1346
 Email : ROBP@SCIREMC.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 A VECTREN GAS LINE WAS HIT IN THE FRONT OF THE PROPERTY - GAS IS BLOWING - CREW
 IS ON SITE - THIS IS AN ORANGE SERVICE LINE - THE SIZE AND MATERIAL ARE UNKNOWN
 - CALLER HAS CALLED 911 AND HAS BEEN ADVISED TO CALL VECTREN TO REPORT THE
 DAMAGED LINE - PREVIOUS TICKET NUMBER 1209142225 - THANKS!
 Will you be white-lining the dig site area? YES

Submitted date: 09/24/2012 Time: 09:15
 Members: CV ID1214 ID1443 ID1675 ID4023 ID9547 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST CABLEVISION - INDIANAPOLIS	CABLE TV
HILL WATER CORPORATION	WATER
MOORESVILLE, TOWN OF	
NEW WAVE COMMUNICATION / FORMERLY AVENUE BROADBAND	CABLE TV
SOUTH CENTRAL INDIANA R.E.M.C.	ELECTRIC
VECTREN - BLOOMINGTON	GAS

[View Map](#)

[Close Map](#)

Service Order Status

Enter Service Order Number:

5374134



[Clear Form](#) [Refresh Data](#)

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5374134
Order Type: LEAK
Order Status: Completed

Customer: 621095594 - SUNCO CONSTRUCTION
Prem: 5721754 - 5423 E SHAE LAKE DR

Technician: 3171 - Combs, Dave

Order Dates and Times

Need Date: 9/24/2012 9:36:00 AM
Time Created: 9/24/2012 9:24:17 AM
Time Dispatched: 9/24/2012 9:24:17 AM
Time In Route: 9/24/2012 9:25:46 AM
Time On-Site: 9/24/2012 9:46:04 AM
Tech Complete: 9/24/2012 10:21:28 AM
Time Closed: 9/24/2012 10:21:28 AM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter:
New Meter:

Completion Notes

FOUND 1"PL. SEREVICE SEVERED BY CONTRACTOR WORKING FOR REMC. EVF ACTIVATED. MADE SAFE @ 9:50 A.M. VECTREN CREW TO REPAIR. NO MTR INSTALLED YET. NEG. GAS READ IN SIDE. NOT MIGRATING. EMPL#3171

Request Notes

HIT LINE PER ROB WITH REMC...BLOWING..CREW ONSITE...NOT SURE WHAT SIZE LINE...ADV SAFETY...XST HADLE Y RD....LINES WERE LOCATED...PH 317-502-0099....THANKSSHERRI W/ 811 REPORTED SAME HIT LINE..LOC 1209 142225 DAMAGE 1209240830

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	9/24/2012 9:25:33 AM	Combs, Dave
AsnAssignmentEnRoute_evt	9/24/2012 9:25:46 AM	Combs, Dave
AsnAssignmentOnSite_evt	9/24/2012 9:46:04 AM	Combs, Dave
OrdOrderComplete_evt	9/24/2012 10:21:28 AM	Combs, Dave

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: 11/7/2012
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-PRINCE EXCAVATING

Check Number 7851
Amount of Check \$355.34
Utility/Company Name VECTREN ENERGY DELIVERY OF INDIANA - NORTH
Task Number 103.0510
Job Number FDS0016987

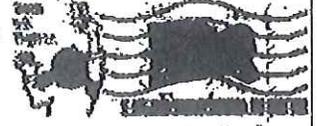
Date Printed: 11/9/2012

YOUR ADDRESS

PRINCE EXCAVATING
5412 GUTHRIE ROAD
HELTONVILLE, INDIANA 47435

INDIANAPOLIS IN 462

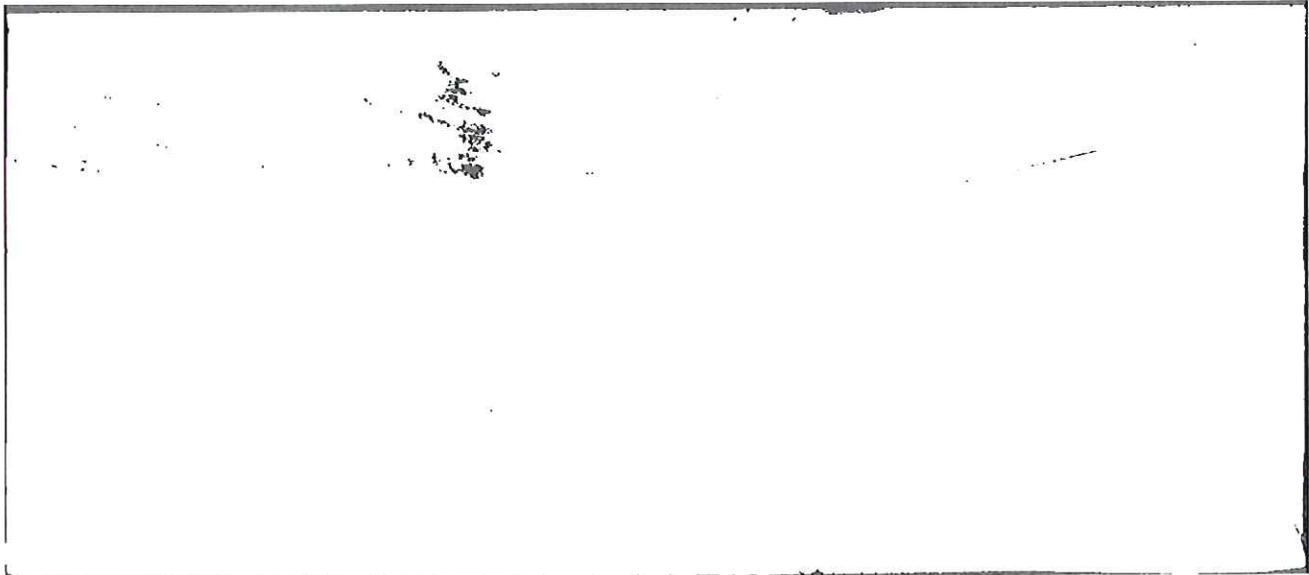
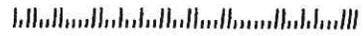
05 NOV 2012 PM 2 L



FOREVER

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

606860012



Transaction Level Keyed Data

Remitter Name : PRINCE EXCAVATING Check Date : 2012/11/05

Invoice Level Keyed Data

Invoice Number	Reference Number
FDS0016987	32696

	NOW DUE
2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH	\$355.34
PRINCE EXCAVATING 5757 E GUTHRIE ROAD, HELTONVILLE, IN 47438	Type: GAS Invoice: FDS0016987 BillToID: 32696 Billing Date: 10/31/2012 Date of Loss: 9/24/2012 5929 103.0510
Please return this portion with your remittance.	