



## Pipeline Safety Division Investigation Report

### Investigation regarding: Keith Jones Electrical Service

UPPAC Database Record ID: 3952

Report Date:

Investigator: Howard Friend

Damage Date: 10/18/2012

Damage Address: 5077 Main Street, Elizabeth, Harrison County

### The Parties

Excavator: **Keith Jones Electrical Service** (Contractor)

Address: 15000 Mccracken Road Ne, Palmyra, In, 47164

Facility Owner: **Indiana Utilities Corporation**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

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): \$0

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number:

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

**Synopsis:** A natural gas service was damaged during excavation to repair an electric line.

**Findings:** Reported by Corey Thatcher (Indiana Utilities Corp.); excavator's response to initial notice was received on 12/17/2012. The excavator failed to provide notice of excavation. After the gas line was damaged the excavator tried to make the repairs to the gas line by installing a leak clamp. The operator was not notified, the fire department was not notified and the Association was not notified. The operator was made aware of the damage two weeks later upon responding to a gas odor call.

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

**Violation: 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

Submitted to IURC-Pipeline Safety on: Oct 18, 2012

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### Who is submitting this information?

Name of person providing this information: Corey Thatcher (Indiana Utilities Corp.)

Business address (*number and street*): 123 West Chestnut Sreet

City, State, and ZIP code: Corydon, IN, 47112

Telephone number (*area code*): 812-738-3235

Fax number (*area code*): 812-738-1512

E-mail address: service@indianautilitiescorp.com

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### Excavator Information, if known

Full name: Keith Jones Electrical Service

Business address (*number and street*): 15000 McCracken Road NE

City, State, and ZIP code: Palmyra, IN, 47164

Telephone number (*area code*): 812-364-4473

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Electric

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**Date and Location of Damage**

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

County: Harrison

City: Elizabeth

Street address (*number and street, city, state, and ZIP code*):  
5077 Main Street

Nearest intersection: Hurricane Street

Right of way where damage occurred: Public - City Street

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 \$ 0

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**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? 18

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**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? Utility Owner

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

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? No

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? No

Did the excavator notify 911 in the event of a release of product? No

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

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### **Additional Comments**

Excavator was working under a previous excavator's locate markings; but, listed excavator did not notify IN811 for a valid locate, did not notify IN811 after damaging the facility and did not notify the gas operator. After compromising the facility, the excavator attempted to perform the repair with a leak clamp. The repair was not sufficient causing for a call to the gas operator to report a release of gas. The gas operator immediately effected the correct facility repair which was approximately two weeks after the listed excavator had attempted the same. MAO 10/24/2012.



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**RECEIVED**

DEC 17 2012

Case Number: 3952

INDIANA UTILITY  
REGULATORY COMMISSION

*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: Keith Jones Electrical Services, Inc.

Responsible Party Personal Name: Keith Jones

Title (if any): President

Address (number and street): 15000 McCracken Rd NE

City, State and ZIP Code: 47164

Preferred Telephone Number (area code): 812-364-4473

Cellular Telephone Number (area code): 812-968-0789

Email Address: kjonesel@frontier.com

**Facility Information:**

Business Name: South Harrison Community Center

Responsible Party Personal Name: Unknown

Title (if any): \_\_\_\_\_

Address (number and street): 5077 Main Street

City, State and ZIP Code: Elizabeth IN 47117

Preferred Telephone Number (area code): Unknown

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*): Electric

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

Personal Contact: \_\_\_\_\_

Business/Organization Name: Indiana Utilities Corporation

Title (*if any*): Serviceman

Address (*number and street*): 5077 Main Street

City, State and ZIP Code: Elizabeth IN 47117

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*): Same as above

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

Nearest Intersection: Hwy 11

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

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

**Size (Diameter/etc.):** 1/2"

**Pressure (PSIG/Inches):** 12

**Interruption in Service:**     Yes         No    **Number of Customers Affected:** \_\_\_\_\_

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

**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

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**Incident Impact Information**

**Number of Outpatient Treated:** none

**Number of Inpatient Treated:** none

**Number of Fatalities:** none

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

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**Additional Information / Comments**

Our company was called out to find problem with a shorted wire going to a sign. we were taking a shovel to dig to where the electric line was and encountered the gas pipe.  
We didn't call for locates as we felt that at the time nothing would be above the electric line. This was immediately in front of the building.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3952

Your Full Name: Keith E Jones

Full Name of Business / Entity (if applicable): Keith Jones Electrical Services, Inc.

Your Business Title (if applicable): President

Address (number and street): 15000 McCracken Rd NE

City: Palmyra State: IN ZIP Code: 47164

Your E-mail Address: kjonesel@frontier.com

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

Your Signature:  Title (if any) President

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3952**  
**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)