STATE OF INDIANA

INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

http://www.in.gov/iurc
Office: (317) 232-2701
Facsimile: (317) 232-6758

Pipeline Safety Division Investigation Report

Investigation regarding: Freeman Grading

UPPAC Database Record ID: 4060

Report Date: 9/12/2013 Investigator: Mike Orr

Damage Date: 10/25/2012 10:18:09 AM Damage Address: 1410 Indiana Ave., Indianapolis, Marion

The Parties

Excavator: **Freeman Grading**

Address: 3025 South 475 West, Trafalgar, In 46181

Facility Owner: **Citizens Gas**

Pipeline Facility

Facility Type: Natural Gas Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe Type of Work Performed: Construction

Damage Impact

Product Release: Yes Ignition: No

Service Interruption: True Number of Customers Affected: 1

Injuries: Fatalities: Repair Cost (if known): $

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes Indiana 811 Ticket Number: 1210192456 Original Start Date:

Locate Instructions: THIS IS HERRON SCHOOL OF ART - LOCATE ENTIRE PROPERTY - NO DIGGING IS BEING DONE IN THE RIGHT OF WAY OF ANY OTHER ROADS

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas service while performing construction work.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/17/2012. Excavator had a valid locate ticket; however, the gas operator self reported a failure to provide facility locate markings.

Conclusion: There was a failure to provide facility locate markings.

Violation: IC 8-1-26-18(f) Operator failed to locate or provided incorrect locate markings.

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Nov 22, 2012

Who is submitting this information?

Name of person providing this information: Tony Chan (Citizens Gas)

Business address *(number and street)*: 2150 Dr. M.L. King Jr. St.

City, State, and ZIP code: Indianapolis, IN 46202

Telephone number *(area code)*: (317) 927-4619

Fax number *(area code)*: (317) 927-4619

E-mail address: AChan@CitizensEnergyGroup.com

Excavator Information, if known

Full name: FREEMAN GRADING & EXCAVATING

Business address *(number and street)*: 3025 S 475 W

City, State, and ZIP code: TRAFALGAR, IN 46181

Telephone number *(area code)*: 317-716-1805

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Bldg. Construction

Date and Location of Damage

Date of damage (*month, day, year*): Oct 25, 2012

County: Marion

City: Indianapolis

Street address (*number and street, city, state, and ZIP code*):
1410 INDIANA AVE

Nearest intersection: REMBRANDT LN

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*): 0.75

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate $0

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? 36

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1210192456

Was the locate request completed within two working days? Unknown/Other

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

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? No

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? No

Were maps used to complete the locate request? Yes

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: --Facility was not located or marked

Additional Comments

The service damaged was not marked. This was reported by the excavator as 1350 Stadium Drive. Nevertheless, the damage resulted due to an OPERATOR VIOLATION. MAO 12/18/2012.

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November 30, 2012

Ellis Turner
Freeman Grading
3025 South 475 West
Trafalgar, In 46181

Re: **Notice of Preliminary Determination of Violation**
Pipeline Safety Division Case No. 4060

Date of Event: 10/25/2012
Event Location: 1350 Stadium Dr, Indianapolis, Marion County
Excavator: Freeman Grading
Facility Owner: Citizens Gas

Dear Ellis Turner,

On behalf of the Indiana Utility Regulatory Commission ("Commission"), I am writing to inform you that information has been filed with the Commission's Pipeline Safety Division regarding an alleged violation of Indiana Code chapter 8-1-26, the Indiana Damage to Underground Facilities Act ("the Act"). You are receiving this letter because you have been identified as the Respondent Excavator.

To ensure safety, the Indiana Underground Plant Protection Service (Indiana 811) and gas operators routinely provide reports to the Pipeline Safety Division when an operator's facility is damaged. The Division has received a report from one of these entities that on **10/25/2012**, you or your business damaged a pipeline facility owned by **Citizens Gas** and located at **1350 Stadium Dr, Indianapolis, Marion County**.

Based upon the information received, the Pipeline Safety Division is commencing an investigation into the event concerning you or your business to determine whether any statutory violations were committed regarding public safety, specifically the following:

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

IC 8-1-26-16(h): Failure to perform required white lining.

IC 8-1-26-20(b): Failure to maintain two (2) feet clearance with mechanized equipment.

IC 8-1-26-18(f): Failure to properly locate facilities (operator violation)

The Division provides both you and Citizens Gas with an opportunity to send in documentation explaining what occurred. This may include maps, photographs, narrative statements, and any other evidence you wish to provide. You have thirty (30) days from the date this letter is received to send in information, but an extension may be given for good cause shown. Please note that the Division's

INFORMATION REQUEST
State Form 54909 (2-12)
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4060

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: Freeman Grading + Excavating LLC.

Responsible Party Personal Name:

Title (*if any*):

Address (*number and street*): 3025 S. 475 W.

City, State and ZIP Code: Trafalgar IN 46181

Preferred Telephone Number (area code): 317-716-1805

Cellular Telephone Number (area code): 317-694-3418

Email Address: a.need@sbcglobal.net

Facility Information:

Business Name: IUPUI Herron School of Arts

Responsible Party Personal Name:

Title (*if any*):

Address (*number and street*): 1350 Stadium Drive Indianapolis IN

City, State and ZIP Code: Indpls IN

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)*: Backhoe

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

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

Personal Contact: Roger Hoglad

Business/Organization Name: FREEMAN GRADING + EXCAVATING

Title (*if any*): FOREMAN

Address (*number and street*): 3852 N TUDOR CT

City, State and ZIP Code: COLUMBUS IND. 47201

Preferred Telephone Number (area code): 812 - 372 - 8139

Cellular Telephone Number (area code): 812-371-9252

Email Address: hog718@hotmail.com

Utility Line Impact

Location of Damage: 1350 Stadium Dr at sidewalk

Address (*number and street*): 1350 Stadium Dr.

City, State and ZIP Code: Inlpls. IN

Nearest Intersection: Mount Calm and Indiana

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

Facility Type ***(select one)*****:** Citizens

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): $

Release of Product: ☐ Yes ☐ No

Ignition and/or Fire: ☐ Yes ☒ No

Excavator Notify 811: ☒ Yes ☐ No

REPORT HIT # 1211190894

Locate Information

Excavator Request Locate: ☒ Yes ☐ No

Indiana 811 Locate Ticket Number: 121 1104 0144

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

KYLE ROCKEY, ELLIS TURNER, ROGER HOAGLAND

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

Additional Information / Comments

DIGGING TO DO REPAIR WORK ON WATER LINE, 1" GAS SERVICE NOT MARKED, HIT SERVICE LINE PINCHED ITS SELF OFF LOSS MINIMAL. REPAIR AND RESPONSE TIME 1 HR OR LESS SEE PICTS OF DIG AREA

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4060

Your Full Name: Michael D. Freeman

Full Name of Business / Entity (*if applicable*): Freeman Grading & Excavating LLC

Your Business Title (*if applicable*): Owner

Address (*number and street*): 3025 S 475 W.

City: Trafalger State: IN ZIP Code: 46181

Your E-mail Address: Freemangradingandexcavating@yahoo.com

Today's Date (*month, day, year*): 12-10-2012

Your Signature: Mike Freeman Title (*if any*) Owner

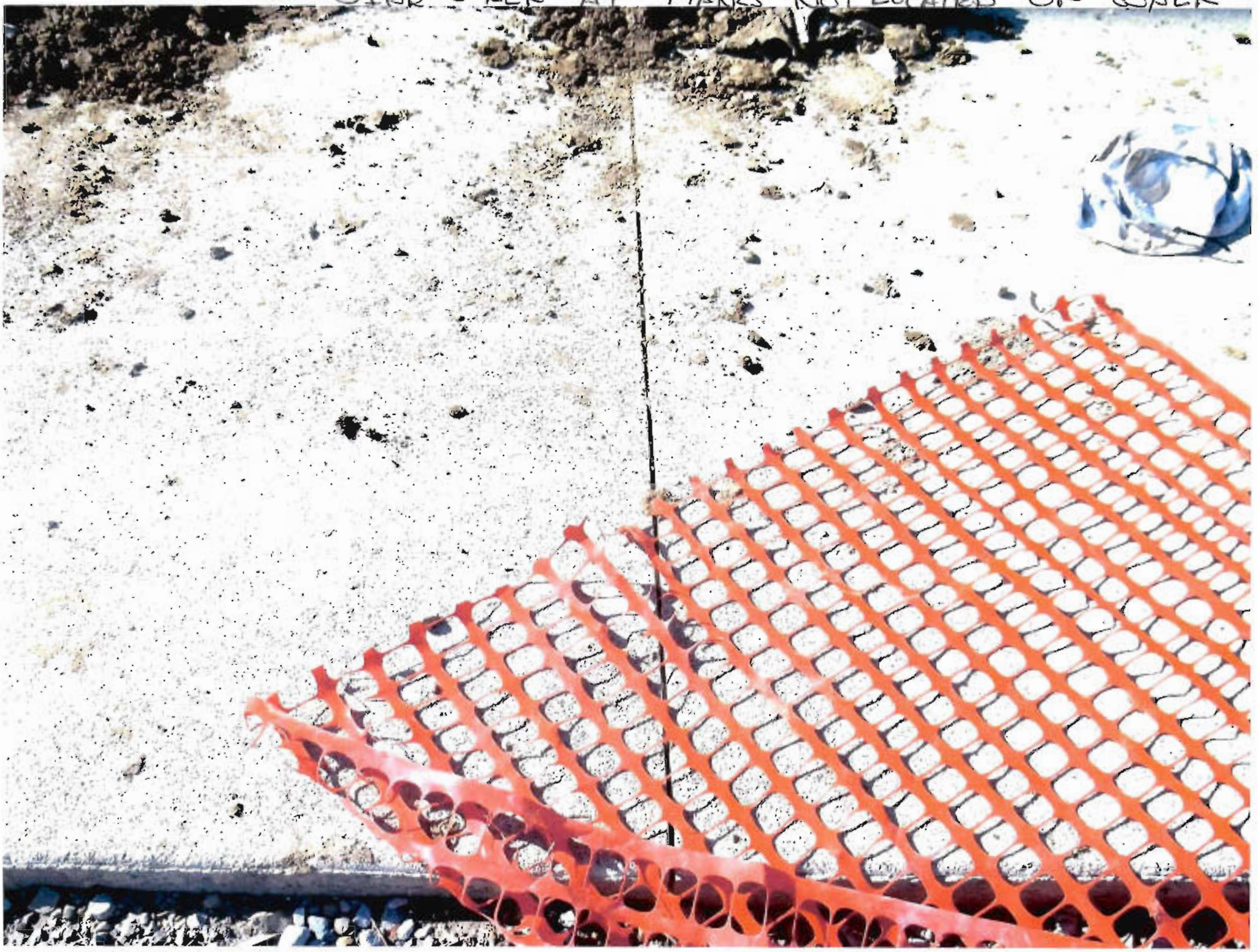
Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4060
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

LINE REPAIR AT P.I.V. VALVE

GAS VALVE WITH NO MARKS

SIDE WALK AT MARKS NOT LOCATED ON WALK