



Pipeline Safety Division Investigation Report

Investigation regarding: J B I Construction

UPPAC Database Record ID: 4067

Report Date: 04/17/2013

Investigator: William Boyd

Damage Date: 10/29/2012 9:01:04 AM

Damage Address: Outer Lincoln Ave, Newburgh, Warrick County

The Parties

Excavator: **J B I Construction** (Contractor)

Address: 10335 Hedden Road, Evansville, In 47725

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$1600

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1210153923

Original Start Date:

Locate Instructions: LOCATE FROM THE INTERSECTION GOING EAST APPROX 1000 FEET TO FRAME ROAD
RIGHT OF WAY TO RIGHT OF WAY

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator damaged 2" plastic gas main during to install storm sewers and inlet boxes.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/28/2012. Excavator possessed a valid locate request but got into the main with the bucket of the trackhoe while attempting to loosen rock in the excavation.

Conclusion: Excavator failed to maintain the required clearance from the gas facility.

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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

INITIAL DOCUMENTS -
OPERATOR

CASE 4067

Submitted to IURC-Pipeline Safety on: 12-14-2012

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: JBI Construction

Business address (*number and street*): 10335 Hedden Rd.

City, State, and ZIP code: Evansville, IN 47725

Telephone number (*area code*): 812-867-5959

Fax number (*area code*): 812-867-5993

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Date and Location of DamageDate of damage (*month, day, year*): 10-29-2012

County: Warrick

City: Newburgh

Street address (*number and street, city, state, and ZIP code*):
4500 Clint Circle, Newburgh, IN

Nearest intersection: Unknown

Right of way where damage occurred: Dedicated Public Utility Easement

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*): 4

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 1,600

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

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: 1209280530-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? 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? 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: --Failure to use hand tools where required

Additional Comments

2" plastic main damaged by hoe. No valid locate and not hand exposed. (Another contractor-Republic Companies Inc. called in locates that were active in the area (1210173241)

Vectren Claim Number: _____

FDS 17/52

Task No: 103.0509 Capital / O & M (circle one)

Police Report / MO #: _____

Date of Damage 10/29/12

Vectren Claims Camera:

Cost Center # 5856

FACILITIES DAMAGE REPORT

GAS

VE02953
4

Time Occurred 7:50 am pm

Time Found 8:18 am pm

Latitude 37.90982 Longitude: 87.41671

DAMAGE SITE: Address 4500 Chart Cir. Lot # _____
County Warrick City Newburg State IN Township Ohio

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

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 checked="" type="checkbox"/> Main	0.75 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Residential)	1.00 inch	<input 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"/>
<input type="checkbox"/> Other _____	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"/>
	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10/30

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

TYPE OF MATERIAL: Cast Iron Plastic (HDPE) Plastic (MDPE) Steel Other _____

DAMAGE TYPE: Severed Not Cut Severed Size 2 x 2

PRESSURE: 25 PSIG 40 PSIG 50 PSIG 55 PSIG 60 PSIG 6 WC (.2163) 7 WC (.252) Other _____

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 Destroyed
 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

PROTECTION IN PLACE:
 Building Fence None
 Post Rail Vault N/A
 Other _____

DURATION OF ESCAPING GAS:

Minutes: 2 hrs 1 hr 45 min

LEAK REPORT NUMBER: 25202

EFV Activated Yes No N/S

Observation by (ID#): 0753

FEED TYPE:
 One-Way Feed
 Two-Way Feed

Number of Customers Affected: 1
Total Hours Service Was Off: 4 hrs

Name of Locator: _____

LOCATING ORGANIZATION:

Contract Locator
 Unknown / Other
 Utility Owner

SERVICE ORDER NUMBER: 52136875

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 _____

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

Locate Ticket: _____
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

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.)

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: JBI
 Address: _____
 City/ State/ Zip: _____
 Phone: () _____
 Prepared / Investigated By: C. Mockabee Date: 10/29/12

PARTY TO INVOICE:

Name: JBI
 Address: _____
 City/ State/ Zip: _____
 Phone: () _____
 Reviewed by Field Supervisor: [Signature] Date: _____

Ticket Text and Map display for Ticket: # 1209280530

NORMAL NOTICE

Ticket : 1209280530 Date: 09/28/2012 Time: 08:49 Oper: DMEYER Chan:034

State: IN Cnty: WARRICK Twp: OHIO
Cityname: NEWBURGH Inside: Y Near: N
Subdivision: ASHER ESTATES

Address :
Street : CLINT CIR
Cross 1 : OUTER LINCOLN AVE Within 1/4 mile: Y
Location: LOCATE BETWEEN 4670 AND 4680 CLINT CIR --- FROM CLINT CIR DR TO OUTER
LINCOLN ON THE TEMPORARY CONSTRUCTION R/O/W
:
Grids : 3758D8724A 3758C8724A 3758D8725D 3758C8725D

Work type : INSTALL NEW STORM SEWER
Done for : WARRICK COUNTY
Start date: 10/02/2012 Time: 09:00 Hours notice: 96/048 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 WEEKS Depth: 6 FEET

Company : J B I CONSTRUCTION Type: CONT
Co addr : 10335 HEDDEN ROAD
City : EVANSVILLE State: IN Zip: 47725
Caller : JOHN SIGLER Phone: (812)867-5959
Contact : JOHN SIGLER - CELL Phone:
BestTime:
Mobile : (812)598-7178
Fax : (812)867-5993

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? NO
:

Submitted date: 09/28/2012 Time: 08:49
Members: ID0716 ID2935 ID3356 ID5856 ID6412 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
IN AMERICAN WATER NEWBURGH	
NEWBURGH, TOWN OF	SEWER
TIME WARNER NEWBURGH	FIBER OPTIC
VECTREN- ROCKPORT/BOONVILLE	GAS & ELECTRIC
WIDE OPEN WEST	CABLE TV

[View Map](#)

[Close Map](#)

Service Order Status

Enter Service Order Number:

2136875



Clear Form

Refresh Data

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: S2136875

Order Type: INVE

Order Status: Completed

Customer: 009999999 - OWNER UNKNOWN

Prem: 1426922 - OUTER LINCOLN & HALSTON RD

Technician: 0753 - Mockobee, Conrad

Order Dates and Times

Need Date: 10/29/2012 8:11:00 AM
Time Created: 10/29/2012 8:11:48 AM
Time Dispatched: 10/29/2012 8:11:48 AM
Time In Route: 10/29/2012 10:14:39 AM
Time On-Site: 10/29/2012 10:14:40 AM
Tech Complete: 10/29/2012 10:19:23 AM
Time Closed: 10/29/2012 10:19:23 AM

Events Performed/Completion Code

IVEG - CMP

Meter Information

Current ReadStatus

Old Meter:

New Meter:

Completion Notes

onsight at 8;18am, made safe at 9:54am. called for corrected address. EVANSVILL
 E CREWS ONSIGHT MAKING repairs.JBI contractor punctured 2" gas main.actual locat
 ion was outerlincoln ave & CLINT CIRCLE

Request Notes

10/29/12- PER SHERI W/ IN 811/ HIT/ BLOWING 2" PL YELLOW GAS LINE/ IN INTERSEC/ ON N SIDE OF RD/ J
 OHN SIGLER CREW POC- INSTALL SEWER- PH# 812-598-7178/ ON SITE/ WARRICK/ OHIO

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	10/29/2012 8:12:06 AM	Mockobee, Conrad
AsnAssignmentEnRoute_evt	10/29/2012 8:12:06 AM	Mockobee, Conrad
AsnAssignmentOnSite_evt	10/29/2012 8:28:40 AM	Mockobee, Conrad
OrdOrderSuspend_evt	10/29/2012 9:17:23 AM	Mockobee, Conrad
AsnAssignmentEnRoute_evt	10/29/2012 10:14:39 AM	Mockobee, Conrad
AsnAssignmentOnSite_evt	10/29/2012 10:14:40 AM	Mockobee, Conrad
OrdOrderComplete_evt	10/29/2012 10:19:23 AM	Mockobee, Conrad

NOTE:The Reporting database replicates in near real-time; it has been approximately 3658 minute(s) since the last transaction replicated.



INFORMATION REQUEST

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

RECEIVED

DEC 28 2012

Case Number: 4067

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: JB1 Construction

Responsible Party Personal Name: John Sigler

Title (if any): _____

Address (number and street): 10335 Hedden RD

City, State and ZIP Code: Evansville, IN 47725

Preferred Telephone Number (area code): 812-867-5959

Cellular Telephone Number (area code): 812-598-7178

Email Address: casey@jbiconst.com

Facility 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: _____

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/Trackhoe

Type of Work Performed (select one): Drainage

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

Personal Contact: _____

Business/Organization 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: _____

Utility Line Impact

Location of Damage:

Address (number and street): Outer Lincoln Ave and Clint Circle Drive

City, State and ZIP Code: Newburgh, IN

Nearest Intersection: Outer Lincoln Ave and Frame Road

Product Type (select one): Natural Gas

Facility Type (select one): Distribution

Size (Diameter/etc.): 2 inch

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

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1210153923

- 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: 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

Locates where called in October 15th 2012. Digging in intersection started October 29th 2012. Crews where installing new storm sewer pipes and inlet boxes. Gas line was moved prior to start of excavation to be out of the way of new storm sewer system. When digging around gas locates to locate gas line area of hard stone was encountered. When loosing hard rock with machine gas line was punctured with tooth of track hoe. 811 was notified of accident. Emergency locate number was 1210290556. USIC and Vectren were notified. Vectren came ran a by-pass line to keep customers supplied with gas. Gas line was determined to be in the way of new storm sewer. Contractor dug new trench for Vectren so when repair was completed it could also be lowered out of the way.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4067

Your Full Name: Jonathon Sigler

Full Name of Business / Entity (if applicable): JBI Construction Inc.

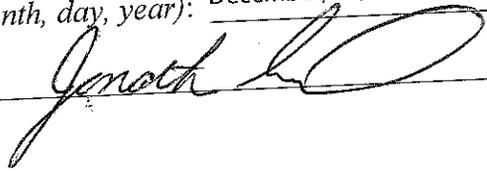
Your Business Title (if applicable): _____

Address (number and street): 10335 Hedden Rd.

City: Evansville State: IN ZIP Code: 47725

Your E-mail Address: casey@jbiconst.com

Today's Date (month, day, year): December, 20, 2012

Your Signature:  Title (if any) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4067
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



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Address (number and street): _____

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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): _____

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Full Name of Business / Entity (if applicable): JBI Construction Inc.

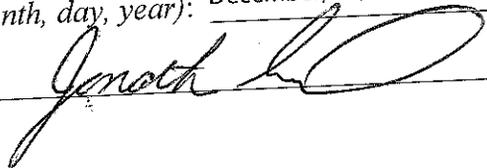
Your Business Title (if applicable): _____

Address (number and street): 10335 Hedden Rd.

City: Evansville State: IN ZIP Code: 47725

Your E-mail Address: casey@jbiconst.com

Today's Date (month, day, year): December, 20, 2012

Your Signature:  Title (if any) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4067
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

Case no# 4067

NORMAL NOTICE REMARK

Ticket : 1210153923 Date: 10/15/2012 Time: 18:55 Oper: MPLUMMER Chan:040

State: IN Cnty: WARRICK Twp: OHIO
Cityname: NEWBURGH Inside: N Near: Y
Subdivision:

Address :
Street : OUTER LINCOLN AVE
Cross 1 : HALSTON DR Within 1/4 mile: Y
Location: LOCATE FROM THE INTERSECTION GOING EAST APPROX 1000 FEET TO FRAME ROAD
RIGHT OF WAY TO RIGHT OF WAY
:
Grids : 3758D8724A 3758D8725D

Work type : INSTALLING NEW STORM SEWERS
Done for : TOWN OF NEWBURG
Start date: 10/18/2012 Time: 07:00 Hours notice: 60/048 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 WEEKS Depth: 8 FEET

Company : J B I CONSTRUCTION Type: CONT
Co addr : 10335 HEDDEN ROAD
City : EVANSVILLE State: IN Zip: 47725
Caller : JOHN SIGLER Phone: (812)867-5959
Contact : JOHN SIGLER - CELL Phone:
BestTime:
Mobile : (812)598-7178
Fax : (812)867-5993

Remarks : All tickets are taken and processed on Eastern Daylight Time
REMARK AS NEEDED DUE TO CONSTRUCTION PREV TICKET 1209271829
Will you be white-lining the dig site area? NO
:

Submitted date: 10/15/2012 Time: 18:55
Members: ID0716 ID2935 ID3356 ID5856 ID6213 ID6412 SBCIN SM

Service Area: SBCIN (AT&T - DISTRIBUTION)
Contact: TONY CRAWFORD
Ph: Emerg Ph: Alt Ph:

Service Area: ID6213 (CHANDLER UTILITIES)
Contact: ROB COGHILL
Ph: Emerg Ph: Alt Ph:

Service Area: ID3356 (IN AMERICAN WATER NEWBURGH)
Contact:
Ph: Emerg Ph: Alt Ph:

Service Area: ID6412 (NEWBURGH, TOWN OF)
Contact:
Ph: Emerg Ph: Alt Ph:

Service Area: ID2935 (TIME WARNER NEWBURGH)
Contact:
Ph: Emerg Ph: Alt Ph:

Case no# 4067

NORMAL NOTICE REMARK

Ticket : 1210153923 Date: 10/15/2012 Time: 18:55 Oper: MPLUMMER Chan:040

State: IN Cnty: WARRICK Twp: OHIO
Cityname: NEWBURGH Inside: N Near: Y
Subdivision:

Address :
Street : OUTER LINCOLN AVE
Cross 1 : HALSTON DR Within 1/4 mile: Y
Location: LOCATE FROM THE INTERSECTION GOING EAST APPROX 1000 FEET TO FRAME ROAD
RIGHT OF WAY TO RIGHT OF WAY
:
Grids : 3758D8724A 3758D8725D

Work type : INSTALLING NEW STORM SEWERS
Done for : TOWN OF NEWBURG
Start date: 10/18/2012 Time: 07:00 Hours notice: 60/048 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 2 WEEKS Depth: 8 FEET

Company : J B I CONSTRUCTION Type: CONT
Co addr : 10335 HEDDEN ROAD
City : EVANSVILLE State: IN Zip: 47725
Caller : JOHN SIGLER Phone: (812)867-5959
Contact : JOHN SIGLER - CELL Phone:
BestTime:
Mobile : (812)598-7178
Fax : (812)867-5993

Remarks : All tickets are taken and processed on Eastern Daylight Time
REMARK AS NEEDED DUE TO CONSTRUCTION PREV TICKET 1209271829
Will you be white-lining the dig site area? NO
:

Submitted date: 10/15/2012 Time: 18:55
Members: ID0716 ID2935 ID3356 ID5856 ID6213 ID6412 SBCIN SM

Service Area: SBCIN (AT&T - DISTRIBUTION)
Contact: TONY CRAWFORD
Ph: Emerg Ph: Alt Ph:

Service Area: ID6213 (CHANDLER UTILITIES)
Contact: ROB COGHILL
Ph: Emerg Ph: Alt Ph:

Service Area: ID3356 (IN AMERICAN WATER NEWBURGH)
Contact:
Ph: Emerg Ph: Alt Ph:

Service Area: ID6412 (NEWBURGH, TOWN OF)
Contact:
Ph: Emerg Ph: Alt Ph:

Service Area: ID2935 (TIME WARNER NEWBURGH)
Contact:
Ph: Emerg Ph: Alt Ph:

DAMAGE SEE REMARKS

Ticket : 1302252230 Date: 02/25/2013 Time: 16:15 Oper: MPLUMMER Chan:040

State: IN Cnty: MADISON Twp: PIPE CREEK
Cityname: ELWOOD Inside: Y Near: N
Subdivision:

Address :
Street : S D ST
Cross 1 : E ST Within 1/4 mile: Y
Location: LOCATE ALLEY BETWEEN D AND E STREETS
:

Grids : 4016C8550C 4016C8550D
Boundary: n 40.274124 s 40.271710 w -85.840502 e -85.837449

Work type : RENEW GAS SERV
Done for : VECTREN
Start date: 02/25/2013 Time: 16:16 Hours notice: 0/000 Priority: EMER
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
Duration : 4 WEEK Depth: 4FT

Company : MILLER PIPE LINE Type: CONT
Co addr : 8850 CRAWFORDSVILLE RD
City : INDIANAPOLIS State: IN Zip: 46234
Caller : BRENT BRINGHAM Phone: (317)295-6417
Contact : BRENT BRINGHAM CELL Phone:
BestTime:
Mobile : (317)266-9302
Fax : (317)295-6418
Email : SARAH.HEMINGER@MILLERPIPELINE.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
HIT GAS LINE/ VECTREN LINE IS BLOWING BETWEEN STREET D AND E IN THE ALLEY 2
INCH YELLOW PLASTIC LINE WILL CALL 911 UNKNOWN ON TICKET NUMBER
Will you be white-lining the dig site area? NO
:

Submitted date: 02/25/2013 Time: 16:15
Members: AEPIN ID8051 ID9108 ID9844 SBCIN SM

Coahran, Lisa

From: Casey A. Lasher [casey@jbiconst.com]
Sent: Thursday, February 14, 2013 3:58 PM
To: IURC PipelineDamageCase
Subject: Case #4067 "ADDITIONAL DOCUMENTS - EXCAVATOR"

On behalf of Jonathon Sigler of JBI Construction, Inc., we would like to inform you that the ticket number "1209280530" referenced on the correspondence mailed to us on 2/11/13 is for a different location that the work was completed in. Our active ticket number for the area of work at the time was "1210153923". Please let us know if you need additional information from us.

Thanks,

Casey A. Lasher
Estimator / Project Manager
JBI Construction, Inc.
Phone: (812) 867-5959
Fax: (812) 867-5993
Mobile: (812) 598-7177