



Pipeline Safety Division Investigation Report

Investigation regarding: Calumet Civil Contractors

UPPAC Database Record ID: 4090

Report Date: 9/12/2013

Investigator: Mike Orr

Damage Date: 11/1/2012 11:41:34 AM

Damage Address: 5721 Haverford Ave, Indianapolis, Marion

The Parties

Excavator: **Calumet Civil Contractors**

Address: 4898 Fieldstone Drive, Whitestown, In 46075

Facility Owner: **Citizens Gas**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Road Work

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: 1210171987

Original Start Date:

Locate Instructions: STARTING 2250 FEET NORTH OF 54TH ST--LOCATE GOING NORTH 750 FEET ON BOTH SIDES OF HAVERFORD AVE FROM RIGHT OF WAY TO RIGHT OF WAY - WHICH WOULD END APPROX 300 FEET NORTH OF 58TH ST

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/10/2012. Excavator had a valid locate ticket; however, the gas operator self reported a failure to lower a service line to the depth agreed to in a Pre-construction meeting for this area.

Conclusion: There was a failure to provide lower service line to agreed depth causing excavator to assume agreement was met.

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 30, 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: CALUMET CIVIL CONTRACTORS

Business address (*number and street*): 4898 FIELDSTONE DR

City, State, and ZIP code: WHITESTOWN, IN 46075

Telephone number (*area code*): 317-710-6305

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Road Work

Date and Location of Damage

Date of damage (*month, day, year*): Nov 1, 2012

County: Marion

City: Indianapolis

Street address (*number and street, city, state, and ZIP code*):
5721 HAVERFORD AVE

Nearest intersection: E 57TH ST

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*): 1

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? 20

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1210171987

Was the locate request completed within two working days? Yes

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? 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? 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? 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? No

Description of Cause

Select from the list the most accurate cause for the damage: --Wrong information provided

Additional Comments

Excavator did report damage to IN811. Citizens failed to lower a service line to the depth agreed to in a Pre-construction meeting for this area resulting in an OPERATOR VIOLATION. MAO 12/18/2012.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4090

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: Calumet Civil Contractors, Inc.

Responsible Party Personal Name: Steve Sweet

Title (if any): Safety Director

Address (number and street): 4898 Fieldstone Drive

City, State and ZIP Code: Whitestown, IN 46075

Preferred Telephone Number (area code): 317-769-1900

Cellular Telephone Number (area code): 317-538-2885

Email Address: ssweet@calumetcivil.com

Facility Information:

Business Name: Citizens Energy Group

Responsible Party Personal Name: Tony Chan

Title (if any): Distribution Operations Field Administrator

Address (number and street): 2150 Dr. Martin Luther King Jr. Street

City, State and ZIP Code: Indianapolis, IN 46202

Preferred Telephone Number (area code): 317-927-4619

Cellular Telephone Number (area code): 317-407-8278

Email Address: achan@citizensenergygroup.com

Locator Service Information:

Business Name: U.S.I.C.

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): 13085 Hamilton Crossing Blvd

City, State and ZIP Code: Carmel, IN 46032

Preferred Telephone Number (area code): 317-575-7800

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (*select one*): Backhoe/Trackhoe

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

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*): N. Haverford Ave.

City, State and ZIP Code: Indianapolis, IN 46220

Nearest Intersection: 56th Street

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** ¹ _____

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: 1210171970/1976/1980/1987

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 were called in to refresh the marks, which were never done as of the date of the damage. Citizens was near by and working with us to move any conflicting lines. We were told that this line was going to be fixed under the program that relocated these lines. Our supervisor assumed that he did not have to call in for a damage number from 811 because of this understanding. It appears that Citizens called 811. Citizens lowered all of the service lines on this project, but this one, which was not marked.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4090

Your Full Name: Steve Sweet

Full Name of Business / Entity (if applicable): Calumet Civil Contractors, Inc.

Your Business Title (if applicable): Safety Director

Address (number and street): 4898 Fieldstone Drive

City: Whitestown State: IN ZIP Code: 46075

Your E-mail Address: ssweet@calumetcivil.com

Today's Date (month, day, year): 12/10/12

Your Signature: _____ Title (if any) Safety Director

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4090
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov