



Pipeline Safety Division Investigation Report

Investigation regarding: **D R Watson Company**

UPPAC Database Record ID: 4118

Investigator: Howard Friend

Report Date: 1/2/2013

Damage Date: 11/14/2012 12:02:49 PM

Damage Address: 15256 Harmon Pl

City: Noblesville

County: Hamilton

The Parties

Excavator: **D R Watson Company**

Contact: Chuck Watson

Address: 1966 Midwest Boulevard, Indianapolis, In 46214

Telephone:

Facility Owner: Vectren

Contact: Darlene Kulhanek

Address: 1 N Main Street, Evansville, IN 47702

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: D R Watson Company

UPPAC Database Record ID: 4118

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$1500

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1211070592

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Sewer

Synopsis: Damage to a two (2) inch natural gas main occurred during excavation for a sewer line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 12/22/2012. The excavator had a valid locate request and the operator provided accurate locate markings. The excavator had the natural gas facility exposed for several feet but failed to maintain clearance with mechanized equipment.

Conclusion: Excavator failed to maintain the required clearance with mechanized equipment.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities; Failure to maintain two (2) feet clearance with mechanized equipment.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4118

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: D.R. Watson Co.

Responsible Party Personal Name: Chuck Watson

Title (if any): V.P.

Address (number and street): 1966 Midwest Blvd.

City, State and ZIP Code: Indianapolis,In 46214

Preferred Telephone Number (area code): (317) 271-1667

Cellular Telephone Number (area code): (317) 557-5534

Email Address: chuck@drwatsonco.com

Facility Information:

Business Name: Vectren

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*): Sewer (Sanitary/Storm)

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*): 15256 Harmon Place _____

City, State and ZIP Code: Noblesville,In _____

Nearest Intersection: 146th and Cumberland Road _____

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

Size (Diameter/etc.): 3" _____

Pressure (PSIG/Inches): _____

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

Evacuation: Yes No **If yes, How Many Evacuated?** ³ _____

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: 1211070592 _____

- 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

I had over 6' of gas line exposed and was done excavating around gas main to lay sewer.

I thought I was past this line and caught the back corner of the main that I did not have exposed. My ditch for the sewer was crossing on a big angle to the gas main.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4118

Your Full Name: Chuck Watson

Full Name of Business / Entity (if applicable): D.R. Watson Co.

Your Business Title (if applicable): V.P.

Address (number and street): 1966 Midwest Blvd.

City: Indianapolis State: in ZIP Code: 46214

Your E-mail Address: Chuck@drwatsonco.com

Today's Date (month, day, year): 12/22/12

Your Signature: _____ Title (if any) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4118
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

INITIAL DOCUMENTS -
OPERATOR

CASE 4118

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: DR Watson Company

Business address (number and street): 1966 Midwest Blvd

City, State, and ZIP code: Indianapolis, IN 46214

Telephone number (area code): 317-271-1667

Fax number (area code): 317-271-2799

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): 11-14-2012

County: Hamilton

City: Fishers

Street address (*number and street, city, state, and ZIP code*):
15256 Harmon Place, Fishers, 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? No

If yes, how many affected? 0

Time to restore service (*in hours*): 0

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 1,500

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? 42

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1211070592

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 backhoe. Not hand exposed.

Vectren Claim Number: _____

FDS 0017218

Task No: 103,0510 Capital X O & M (circle one)

Police Report /MO #: _____

Date of Damage 11 / 14 / 12

Cost Center # 5830

Time Occurred 1200 am/pm

Time Found 1230 am/pm

Latitude _____ Longitude: _____

FACILITIES DAMAGE REPORT

GAS

Vectren Claims Camera:

VE01385
Form 3112

DAMAGE SITE:

Address 15256 Harmon Pl Lot # _____
County Hamilton City Fishers State IN Township N16

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"/>
	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 _____			

2.764

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 Whiskers
 Offset Paint Stakes
 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)

NOV 27 2012

TYPE OF MATERIAL:

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

DAMAGE TYPE:

Severed
 Not Cut
 Severed
Size 2" x 3"

PRESSURE:

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

49.094

PROTECTION IN PLACE:

Building Fence None
 Post Rail Vault N/A
 Other _____

DURATION OF ESCAPING GAS:

Minutes: 60

LEAK REPORT NUMBER:

01634

EFV Activated Yes No N/S

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

Observation by (ID#): 20606

FEED TYPE:

One-Way Feed
 Two-Way Feed

Number of Customers Affected: 0

Total Hours Service Was Off: 2

Name of Locator: _____

LOCATING ORGANIZATION:

Contract Locator
 Unknown / Other
 Utility Owner

SERVICE ORDER NUMBER: 115428748

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 Service Order

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

Locate Ticket: 121102542
Date: 11-12 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: DR. Watson *Chuck*
 Address: 1966 Midwest Blvd.
 City/ State/ Zip: Indpls, IN 46214
 Phone: (317) 271-1067
 Prepared / Investigated By: [Signature] Date: 11-14-12

PARTY TO INVOICE:

Name: ← SAME
 Address: _____
 City/ State/ Zip: _____
 Phone: (_____) _____
 Reviewed by Field Supervisor: _____ Date: _____

NORMAL NOTICE

Ticket : 1211070592 Date: 11/07/2012 Time: 09:11 Oper: SHARRIS Chan:089

State: IN Cnty: HAMILTON Twp: NOBLESVILLE
 Cityname: NOBLESVILLE Inside: Y Near: N
 Subdivision: HORIZONS AT CUMBERLAND POINT Lot: 132

Address : 15256
 Street : HARMON PL
 Cross 1 : DESTINATION DR Within 1/4 mile: Y
 Location: LOCATE THE ENTIRE FRONT AND BOTH SIDES OF THE HOUSE
 :
 Grids : 4000B8559C 4000A8559C

Work type : INSTALL WATER/SEWER
 Done for : RYAN HOMES
 Start date: 11/09/2012 Time: 09:30 Hours notice: 48/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 1 DAY Depth: 6 FEET

Company : D R WATSON COMPANY Type: CONT
 Co addr : 1966 MIDWEST BOULEVARD
 City : INDIANAPOLIS State: IN Zip: 46214
 Caller : ANDREW GRAY Phone: (317)271-1667
 Contact : ANDREW GRAY - OFFICE Phone:
 BestTime:
 Mobile : (317)271-1667
 Fax : (317)271-2799
 Email : SALES@DRWATSONCO.COM

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

Submitted date: 11/07/2012 Time: 09:11
 Members: ID0002 ID0103 ID0660 ID2862 ID6348 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
IN AMERICAN WATER NOBLESVILLE	
NOBLESVILLE, CITY OF	
VECTREN - NOBLESVILLE #1	GAS

[View Map](#)

[Close Map](#)



Property of United States Infrastructure Corporation
Photo taken on 11/9/2012 8:50:22 AM



Property of United States Infrastructure Corporation
Photo taken on 11/9/2012 8:50:28 AM



Property of United States Infrastructure Corporation
Photo taken on 11/9/2012 8:50:34 AM



Property of United States Infrastructure Corporation
Photo taken on 11/9/2012 8:50:46 AM



Property of United States Infrastructure Corporation
Photo taken on 11/9/2012 8:51:02 AM



Property of United States Infrastructure Corporation
Photo taken on 11/9/2012 8:51:18 AM



Property of United States Infrastructure Corporation
Photo taken on 11/9/2012 8:51:24 AM



Property of United States Infrastructure Corporation
Photo taken on 11/9/2012 8:51:26 AM



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Photo taken on 11/9/2012 8:51:28 AM



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Photo taken on 11/9/2012 8:51:52 AM



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Photo taken on 11/9/2012 8:51:48 AM



Property of United States Infrastructure Corporation
Photo taken on 11/9/2012 8:51:50 AM



Property of United States Infrastructure Corporation
Photo taken on 11/9/2012 8:52:14 AM



Property of United States Infrastructure Corporation
Photo taken on 11/9/2012 8:52:26 AM



Property of United States Infrastructure Corporation
Photo taken on 11/9/2012 8:53:20 AM

Service Order Status

Wednesday, November 28, 2012

Enter Service Order Number:

5428748



Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5428748

Order Type: LEAK

Order Status: Completed

Customer: 620225639 - RYAN HOMES

Prem: 5727956 - 15256 HARMON PL

Technician: 2976 - Wyatt, Greg

Order Dates and Times

Need Date: 11/14/2012 12:31:00 PM
Time Created: 11/14/2012 12:18:01 PM
Time Dispatched: 11/14/2012 12:18:01 PM
Time In Route: 11/14/2012 12:18:40 PM
Time On-Site: 11/14/2012 12:29:06 PM
Tech Complete: 11/14/2012 1:50:50 PM
Time Closed: 11/14/2012 1:50:50 PM

Events Performed/Completion Code

LKNS - CMP

Meter Information

Current ReadStatus

Old Meter:

New Meter:

Completion Notes

cut line dr watson repaired by rcrew just hit with backhoe had exposed/ 8 t v fly over

Request Notes

HITLINE PER BRITTNEY-811. BLOWING. 4" PLSTIC. FDP ENROUTE. POC CHUCK WATSON.317-557-5534. XST DESTIN ATION. FRONT YD. PREV LOC#. CREW ONSITE.

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	11/14/2012 12:18:38 PM	Wyatt, Greg
AsnAssignmentEnRoute_evt	11/14/2012 12:18:40 PM	Wyatt, Greg
AsnAssignmentOnSite_evt	11/14/2012 12:29:06 PM	Wyatt, Greg
OrdOrderComplete_evt	11/14/2012 1:50:50 PM	Wyatt, Greg

NOTE:The Reporting database replicates in near real-time; it has been approximately 2248 minute(s) since the last transaction replicated.