



Pipeline Safety Division Investigation Report

Investigation regarding: **Rieth Riley**

UPPAC Database Record ID: 4166

Report Date: 8/14/2013

Investigator: William Boyd

Damage Date: 10/17/2012

Damage Address: 1801 N. Alton Ave, Indianapolis, Marion

The Parties

Excavator: **Rieth Riley**

Address: P.o. Box 477, Goshen, In 46527

Facility Owner: **Citizens Gas**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Water

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 13

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$667

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1210031063

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas main while performing water work.

Findings: Reported by Tony Chan (Citizens Gas); excavator's response to initial notice was received on 3/22/2013. Excavator failed to maintain required clearance from the gas main with the trackhoe.

Conclusion: There was a failure to notify the association (IN811) to maintain locate markings.

Violation: IC 8-1-26-20(a)(3)(b) Failure to notify IN811 when locate markings have become illegible



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: RIETH RILEY

Business address (*number and street*): 1751 W MINNESOTA ST P.O. BOX 276

City, State, and ZIP code: Indianapolis, IN 46206

Telephone number (*area code*): _____

Fax number (*area code*): _____

E-mail address: _____

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*): Oct 17, 2012

County: Marion

City: Indianapolis

Street address (*number and street, city, state, and ZIP code*):
1801 ALTON AVE

Nearest intersection: 18TH ST

Right of way where damage occurred: Unknown/Other

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? 13

Time to restore service (*in hours*): 2

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? 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: 1209162614

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? 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? No

Did the excavator notify Indiana 811 in the event of this damage? Unknown/Other

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 maintain the marks

Additional Comments

INITIAL DOCUMENTS - EXCAVATOR



INFORMATION REQUEST

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

Case Number: 4166 _____

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: Rieth-Riley Construction Co., Inc. _____

Responsible Party Personal Name: Kim Beard _____

Title (if any): Risk Manager _____

Address (number and street): P.O. Box 477 _____

City, State and ZIP Code: Goshen, IN 46527 _____

Preferred Telephone Number (area code): (574) 875-5183 ext. 20214 _____

Cellular Telephone Number (area code): _____

Email Address: kbeard@rieth-riley.com _____

Facility Information:

Business Name: Citizens Gas _____

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*): Water

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*): 1801 N Alton

City, State and ZIP Code: Indianapolis, IN

Nearest Intersection: W 18th Street

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

Size (Diameter/etc.): 2"

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if known): \$ 667.82

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: 1210031063

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: none

Number of Inpatient Treated: none

Number of Fatalities: none

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4166

Your Full Name: Kim Beard

Full Name of Business / Entity (if applicable): Rieth-Riley Construction Co., Inc.

Your Business Title (if applicable): Risk Manager

Address (number and street): P.O. Box 477

City: Goshen State: IN ZIP Code: 46527

Your E-mail Address: kbeard@rieth-riley.com

Today's Date (month/day, year): March 22, 2013

Your Signature: Kim Beard Title (if any) Risk Manager

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4166
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

NORMAL NOTICE JOB EXTENSION

Ticket : 1210031063 Date: 10/03/2012 Time: 09:50 Oper: TIMOTHY.BOYD Chan:000
Old Tkt: 1209192616 Date: 09/19/2012 Time: 15:03 Oper: TIMOTHY.BOYD Rev: 00A

State: IN Cnty: MARION Twp: WAYNE
Cityname: INDIANAPOLIS Inside: Y Near: N
Subdivision:

Address :
Street : N ALTON AVE
Cross 1 : W 16TH ST Within 1/4 mile: Y
Location: STARTING AT OF WEST 16TH STREET LOCATE GOING NORTH FOR 750 FEET FROM
RIGHT OF WAY TO RIGHT OF WAY
:
Grids : 3947D8612A 3947C8612A 3947D8613D 3947C8613D

Work type : STORM SEWER INSTALLATION
Done for : DEPT. OF PUBLIC WORKS INDY.
Start date: 10/05/2012 Time: 10:00 Hours notice: 48/48 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 18 MONTHS Depth: 5 FEET

Company : RIETH RILEY CONSTRUCTION Type: CONT
Co addr : 1751 WEST MINNESOTA STREET
City : INDIANAPOLIS State: IN Zip: 46221
Caller : TIMOTHY BOYD Phone: (317)634-5561
Contact : TIM BOYD Phone:
BestTime:
Mobile : (317)710-5753
Fax : (317)631-6423
Email : TBOYD@RIETH-RILEY.COM

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

Submitted date: 10/03/2012 Time: 09:50
Members: CTG ID1501 ID3639 ID5555 ID9999 SBCIN SM