



Pipeline Safety Division Investigation Report

Investigation regarding: Custom Concrete

UPPAC Database Record ID: 4267

Report Date: 3/27/2013

Investigator: Howard Friend

Damage Date: 12/5/2012 3:08:50 PM

Damage Address: 3112 Underwood Dr, Whiteland, Johnson

The Parties

Excavator: Custom Concrete

Address: 17241 Foundation Parkway, Westfield, In 46074

Facility Owner: Vectren

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Hand Tools

Type of Work Performed: Curb / Sidewalk

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$388

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1211072463

Original Start Date:

Locate Instructions: locate entire property

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service was damaged during excavation for curbs and sidewalks.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 3/6/2013. The excavator provided notice of excavation on 11/7/12 and damaged the line 28 days later. The excavator has attended training with Mr. Baker and has requested this case be closed.

Conclusion: There was a failure to provide notice of excavation, expired ticket.

Violation: 8-1-26-16(g)(expire) Failure to provide notice of excavation - expired ticket.



DAMAGE INFORMATION REPORT – PIPELINE SA
State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

INITIAL DOCUMENTS -
OPERATOR
CASE # 4267

Submitted to IURC-Pipeline Safety on: 2-19-2013

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: Custom Concrete

Business address (number and street): 17241 Foundation Pkwy

City, State, and ZIP code: Westfield, IN 46074

Telephone number (area code): 317-399-2316

Fax number (area code): 317-399-2416

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Data Not Collected

Type of work performed: Curb/Sidewalk

Date and Location of Damage

Date of damage (*month, day, year*): 12-5-2012

County: Johnson

City: Whiteland

Street address (*number and street, city, state, and ZIP code*):
3112 Underwood Drive, Whiteland, IN

Nearest intersection: Unknown

Right of way where damage occurred: Private - Land Owner

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 \$ 388.12

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? _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1211072463-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? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: None

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? Yes

Did the excavator notify Indiana 811 in the event of this damage? Yes

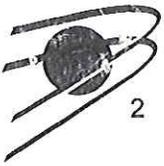
Did the excavator notify 911 in the event of a release of product? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

Additional Comments

1" plastic service damaged by form stake. No valid locate & Failure to maintain clearance.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

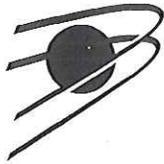
NOW DUE
\$388.12

PAID

CUSTOM CONCRETE
17241 FOUNDATION PARKWAY,
WESTFIELD, IN 46074

Type: GAS
Invoice: FDS0017293
BillToID: 32856
Billing Date: 12/28/2012
Date of Loss: 12/5/2012
5835 103.0510

Please return this portion with your remittance.



Mail Payment To: VECTREN ENERGY DELIVERY OF INDIANA - NORTH
Vectren Utilities Holding Group, Inc.
1239 Reliable Parkway
Chicago, IL 60686-0012
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5
Risk Management/Claims Department

NOW DUE
\$388.12

CUSTOM CONCRETE
17241 FOUNDATION PARKWAY,
WESTFIELD, IN 46074

Type: GAS
Invoice: FDS0017293
BillToID: 32856
Billing Date: 12/28/2012
Date of Loss: 12/5/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 3112 UNDERWOOD DR, WHITELAND

1" PLASTIC SERVICE DAMAGED BY FORM STAKE. NO VALID LOCATE & FAILURE TO MAINTAIN CLEARANCE.

Material:	\$20.56
Company Labor:	\$334.75
Contract Labor:	\$0.00
Transportation/Equipment:	\$32.81
Misc:	\$0.00
Gas Loss:	\$0.00
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$388.12

5835 103.0510

Remember, call two (2) working days before digging. Contact I.U.P.P.S. at 1-800-382-5544.

MAXIMO 9049485

Vectren Corporation
Form 3112 (Rev.0711) (CIS 10/11)

Vectren Claim Number: _____

FDS 0017293

Task No: 1030510 Capital O & M (circle one)

Police Report / MO #: _____

Date of Damage 12 / 5 / 12

Cost Center # 5835

Time Occurred 8:11:00 am pm

Time Found 3:30 am pm

Latitude 39.575055 Longitude: -86.124705

Vectren Claims Camera:

FACILITIES DAMAGE REPORT

GAS

VE02709
4

DAMAGE SITE: Address 3112 Underwood Dr Lot # _____

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

County Johnson City Whiteland State IN Township Pleasant

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

VISUAL OBSERVATION AT DAMAGE SITE: 12/6
 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

TYPE OF MATERIAL: Cast Iron Plastic (HDPE) Plastic (MDPE) Steel
 DAMAGE TYPE: Severed Not Cut Severed
 Size 1/8 x 1/8
 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)

PROTECTION IN PLACE: Building Fence None Post Rail Vault N/A Other
 DURATION OF ESCAPING GAS: Minutes: 1

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

LEAK REPORT NUMBER: _____
 EFV Activated Yes No N/S
 Number of Customers Affected: 1
 Total Hours Service Was Off: 1

Observation by (ID#): 2115
 Name of Locator: N/A
 LOCATING ORGANIZATION:
 Contract Locator
 Unknown / Other
 Utility Owner

SERVICE ORDER NUMBER: N 5449495

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: 1211072463 Expired
 Date: _____ Time: _____ am / pm

WORKING FOR: City County Developer State Property Owner Utility

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

DEC 12 2012

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 concrete stake

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 _____

- 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

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.)

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: Custom Concrete
 Address: 17241 Foundation Pkwy
 City/ State/ Zip: Westfield IN 46074
 Phone: (317) 399-2316
J. Morphew 12-5-12
 Prepared / Investigated By: Date:

PARTY TO INVOICE:

Name: Same
 Address: _____
 City/ State/ Zip: _____
 Phone: () _____
[Signature] 12-6-12
 Reviewed by Field Supervisor: Date:

Locate 1211072463 Expired

3112 Underwood Dr Whiteland
Service Order # NS449495
Prem # 5725015
Crew Requested 330
Made Safe 335
Crew Arrived 355

NORMAL NOTICE

Ticket : 1211072463 Date: 11/07/2012 Time: 03:27 Oper: AMANDA.BURCHAM Chan:000

State: IN Cnty: JOHNSON Twp: PLEASANT
 Cityname: WHITELAND Inside: N Near: Y
 Subdivision: TIMBER VALLEY Lot: 239

Address : 3112
 Street : UNDERWOOD DR
 Cross 1 : SOUTHERN PINES DR Within 1/4 mile: Y
 Location: LOCATE ENTIRE PROPERTY

Grids : 3934C8607C 3934B8607C 3934C8607B 3934B8607B

Work type : PUSH OFF FOR DRIVE AND WALKS
 Done for : RYAN HOMES
 Start date: 11/09/2012 Time: 15:45 Hours notice: 60/48 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 1 DAY Depth: 3 FEET

Company : CUSTOM CONCRETE Type: CONT
 Co addr : 17241 FOUNDATION PARKWAY
 City : WESTFIELD State: IN Zip: 46074
 Caller : AMANDA BURCHAM Phone: (317)399-2316
 Contact : AMANDA BURCHAM Phone:
 BestTime:
 Mobile : (317)399-2285
 Fax : (317)399-2416
 Email : AMANDAB@CUSTOMCONCRETE.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: 03:27
 Members: ID0270 ID1254 ID2034 ID4378 ID7131 ID7288 ID5857 ID6921 SM

Member Name	Facility Types
CENTURYLINK	TELEPHONE
COMCAST CENTRAL (GREENWOOD)	CABLE TV
GREENWOOD, CITY OF	
IN AMERICAN WATER JOHNSON COUNTY	WATER
JOHNSON COUNTY R.E.M.C.	ELECTRIC
VECTREN - FRANKLIN	GAS

Thursday, December 13, 2012

Service Order Status

Enter Service Order Number:

5449495



Clear Form Refresh Data

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5449495

Order Type: LEAK

Order Status: Completed

Customer: 620225639 - RYAN HOMES

Prem: 5725015 - 3112 UNDERWOOD DR

Technician: 3663 - McIntosh, Jim

Order Dates and Times

Need Date: 12/5/2012 3:25:00 PM
Time Created: 12/5/2012 3:16:55 PM
Time Dispatched: 12/5/2012 3:16:55 PM
Time In Route: 12/5/2012 3:19:03 PM
Time On-Site: 12/5/2012 3:32:42 PM
Tech Complete: 12/5/2012 4:24:05 PM
Time Closed: 12/5/2012 4:24:05 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter: 0 Active
New Meter:

Completion Notes

cut 1" service by concrete contractor with stake, crew repaired, completed relict
 e ele igntn furn only 3663

Request Notes

HIT LINE IN FRONT NEAR CURB PER KRISTEN WITH 811...BLOWING....CREW ONSITE...CONTACT MANDA BERTRUM 31
 7-399-2285....LOCATED #1211072463....XST SOUTHERNPINES....JOHNSON CTY...811'S #877-230-0495.....THA
 NKS

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	12/5/2012 3:17:23 PM	McIntosh, Jim
AsnAssignmentEnRoute_evt	12/5/2012 3:19:03 PM	McIntosh, Jim
AsnAssignmentOnSite_evt	12/5/2012 3:32:42 PM	McIntosh, Jim
OrdOrderComplete_evt	12/5/2012 4:24:05 PM	McIntosh, Jim

NOTE:The Reporting database replicates in near real-time; it has been approximately 0 minute(s) since the last transaction replicated.

DAMAGE SEE REMARKS

Ticket : 1212052538 Date: 12/05/2012 Time: 15:04 Oper: SHARRIS Chan:089

State: IN Cnty: JOHNSON Twp: PLEASANT
 Cityname: WHITELAND Inside: N Near: Y
 Subdivision: TIMBER VALLEY Lot: 239

Address : 3112
 Street : UNDERWOOD DR
 Cross 1 : SOUTHERN PINES DR Within 1/4 mile: Y
 Location: LOCATE ENTIRE PROPERTY

:
 Grids : 3934B8607B 3934B8607C 3934C8607B 3934C8607C
 Boundary: n 39.576147 s 39.572163 w -86.125453 e -86.123652

Work type : PUSH OFF FOR DRIVE AND WALKS
 Done for : RYAN HOMES
 Start date: 12/05/2012 Time: 15:08 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 1 DAY Depth: 3 FEET

Company : CUSTOM CONCRETE Type: CONT
 Co addr : 17241 FOUNDATION PARKWAY
 City : WESTFIELD State: IN Zip: 46074
 Caller : AMANDA BURCHAM Phone: (317)399-2316
 Contact : AMANDA BURCHAM Phone:
 BestTime:
 Mobile : (317)399-2285
 Fax : (317)399-2416
 Email : AMANDAB@CUSTOMCONCRETE.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 A VECTREN GAS LINE HAS BEEN HIT CLOSE TO THE CURB IN FRONT OF THE ADDRESS - GAS
 IS BLOWING - CAN HEAR AND SMELL GAS - YELLOW LINE - SIZE UNKNOWN - MATERIAL
 UNKNOWN - ADVISED TO CALL 911 AND VECTREN - CREW ON SITE - PREVIOUS TICKET
 NUMBER 1211072463
 Will you be white-lining the dig site area? NO
 :

Submitted date: 12/05/2012 Time: 15:04
 Members: ID0270 ID1254 ID2034 ID4378 ID5857 ID6921 ID7131 ID7288 SM

Member Name	Facility Types
CENTURYLINK	TELEPHONE
COMCAST CENTRAL (GREENWOOD)	CABLE TV
GREENWOOD, CITY OF	
IN AMERICAN WATER JOHNSON COUNTY	WATER
JOHNSON COUNTY R.E.M.C.	ELECTRIC
VECTREN - FRANKLIN	GAS

View Ticket Information

District: **Ticket Number:** **Start Work Date:** 12/05/2012**Start Time:** 15:22**End Work Date:** 12/05/2012**End Time:** 15:40**Work Desc:** NLR-No Buried Fac in Conflict (1) [VECTREN N]**Type of Work:** PUSH OFF FOR DRIVE AND WALKS

Locator Notes: Arrived at 3112 Underwood Drive at 3:22 PM. Contractor has damaged a new service that was just put in to a new home. The original ticket number is 1211072463. The contractor did the work on 12/5/12. The work being done was pouring a driveway and sidewalks. The service was hit with a spike used to form the concrete. The contractor said that they damaged the gas service around 12:00 PM and was repaired at 4:00 PM. I took 19 pictures.

Locator ID: 134092**Complete?** Yes

[Click here to view ticket text and photos.](#)



Property of United States Infrastructure Corporation
Photo taken on 12/5/2012 3:39:58 PM



Property of United States Infrastructure Corporation
Photo taken on 12/5/2012 3:40:34 PM



Property of United States Infrastructure Corporation
Photo taken on 12/5/2012 3:40:50 PM



Property of United States Infrastructure Corporation
Photo taken on 12/5/2012 3:49:52 PM



Property of United States Infrastructure Corporation
Photo taken on 12/5/2012 3:50:08 PM



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4267

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: Custom Concrete Co. Inc.

Responsible Party Personal Name: Tyler Kingdon

Title (if any): Executive Director of Operations

Address (number and street): 17241 Foundation Parkway

City, State and ZIP Code: Westfield, IN 46074

Preferred Telephone Number (area code): 317-509-3644

Cellular Telephone Number (area code): Same as above

Email Address: tylerk@customconcrete.com

Facility Information:

Business Name: Vectron Gas Company

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: Unknown _____

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*): Hand Tools

Type of Work Performed (*select one*): Curb/Sidewalk

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

Personal Contact: Manuel Carrera _____

Business/Organization Name: Carrcrete Construction _____

Title (*if any*): Owner _____

Address (*number and street*): 7307 Back Bay Court, Apt 1A _____

City, State and ZIP Code: Indianapolis, IN 46214 _____

Preferred Telephone Number (area code): 317-797-6849 _____

Cellular Telephone Number (area code): 317-213-1135

Email Address: carrcrete@yahoo.com

Utility Line Impact

Location of Damage:

Address (*number and street*): 3112 Underwood Drive

City, State and ZIP Code: Whiteland, IN 46184

Nearest Intersection: West Worthsville Rd & N 125 W, Johnson County

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 1" house service Line

Pressure (PSIG/Inches): 2 lb

Interruption in Service: Yes No Number of Customers Affected: 0

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

Repair Cost (if known): \$ 388.12

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: 1211072463

- 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

Carrcrete Construction arrived on site to install the city sidewalks and driveway on this new residential home on 12/5/12. The lot was located and the marks were visible. During the setup of the form-work for the city sidewalk the crew drove a 24" stake in the ground 16" and hit the house service line. They then called us immediately and we called 811 and Vectron. The locates had expired (originally called in on 11/7/12) and were not updated prior to the form-work installation. We have now implemented a process in which we can ensure subcontracting crews do not go out on work without a valid locate. We received formal training on 2/1/13 with Mr. Baker. Therefore, I respectfully request that this case be closed due to such training, the implimentation of the safeguard process, and the fact that it fell within the time frame prior to 12/31/12.
 thank you for your consideration,
 Tyler Kingdon

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4267

Your Full Name: Tyler Kingdon

Full Name of Business / Entity (if applicable): Custom Concrete Co. Inc.

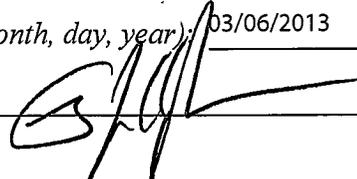
Your Business Title (if applicable): Executive Director of Operations

Address (number and street): 17241 Foundation Parkway

City: Westfield State: IN ZIP Code: 46074

Your E-mail Address: tylerk@customconcrete.com

Today's Date (month, day, year): 03/06/2013

Your Signature:  Title (if any) Exec. Dir of Ops.

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4267
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov