



Pipeline Safety Division Investigation Report

Investigation regarding: **Robinson Trenching**

UPPAC Database Record ID: 4282

Report Date: 7/15/2013

Investigator: Mike Orr

Damage Date: 12/12/2012 11:13:36 AM

Damage Address: 3210 E 96th St, Carmel, Hamilton

The Parties

Excavator: **Robinson Trenching**

Address: 12368 Southeastern Avenue, Indianapolis, In 46259

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Telecommunications

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$903

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1211300047

Original Start Date:

Locate Instructions: LOCATE FROM IPL POLE 226 AT 3210 EAST 96TH STREET GOING WEST ACROSS KEYSTONE AVENUE TO IPL POLE 107 ON THE NORTHSIDE OF THE ROAD---APPROX 1000 FEET

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 3/12/2013. The excavator had a valid locate ticket; however, the gas operator self reported a failure to accurately locate the facility.

Conclusion: There was a failure to provide accurate locate markings of the facility.

Violation: IC 8-1-26-18(f) Operator failed to locate or provided incorrect locate markings.



DAMAGE INFORMATION REPORT – PIPELINE SAFETY

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

INITIAL DOCUMENTS -
OPERATOR

CASE #4282

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: Robinson Trenching

Business address (*number and street*): 12368 Southeastern Avenue

City, State, and ZIP code: Indianapolis, IN 46259

Telephone number (*area code*): 317-862-3929

Fax number (*area code*): 317-862-9319

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Telecommunications

Date and Location of Damage

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

County: Hamilton

City: Carmel

Street address (*number and street, city, state, and ZIP code*):
3210 E 96th Street, Carmel, 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 \$^{903.14}

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: 1211132716

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? No

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? 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: --Facility marking or location not sufficient

Additional Comments

4" main gouged by hoe. > 24" ; tracer wire on side of culvert; signal pulled to 36" drain culvert.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE
\$903.14

USIC INC
9045 N RIVER ROAD, SUITE 300
INDIANAPOLIS, IN 46240

Cancel

ok by Darlene

Signal jumped to drain pipe

Type: GAS
Invoice: FDS0017314
BillToID: 32897
Billing Date: 1/24/2013
Date of Loss: 12/12/2012
5830 103.0509

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
\$903.14

USIC INC
9045 N RIVER ROAD, SUITE 300
INDIANAPOLIS, IN 46240

Type: GAS
Invoice: FDS0017314
BillToID: 32897
Billing Date: 1/24/2013
Date of Loss: 12/12/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 3210 E 96TH STREET, CARMEL
4" MAIN GOUGED BY HOE. > 24"

Material:	\$95.60
Company Labor:	\$633.16
Contract Labor:	\$0.00
Transportation/Equipment:	\$174.38
Misc:	\$0.00
Gas Loss:	\$0.00
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$903.14

5830 103.0509

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

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

Vectren Claim Number: _____

Date of Damage 12 / 12 / 2012

Police Report / MO #: _____

Cost Center # 5830

Time Occurred 11:50 (am/pm)

Time Found 12:10 (am/pm)

Latitude 39.92717 Longitude: -86.11010

Vectren Claims Camera:

FACILITIES DAMAGE REPORT GAS

VE04009
2

DAMAGE SITE: 3210 E 96th
Address _____ Lot # _____

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

County Hamilton City Carmel State Ind Township _____

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 checked="" 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			

2.067

TYPE OF MATERIAL:	DAMAGE TYPE:	PRESSURE:
<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Severed	<input type="checkbox"/> 25 PSIG
<input type="checkbox"/> Plastic (HDPE)	<input checked="" type="checkbox"/> Not Cut	<input type="checkbox"/> 40 PSIG
<input checked="" type="checkbox"/> Plastic (MDPE)	<input type="checkbox"/> Severed	<input type="checkbox"/> 50 PSIG
<input type="checkbox"/> Steel	Size <u>2 x 2</u>	<input type="checkbox"/> 55 PSIG
	<i>coupled</i>	<input checked="" type="checkbox"/> 60 PSIG
	<i>no leak</i>	<input type="checkbox"/> 6 WC (.2163)
		<input type="checkbox"/> 7 WC (252)
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____

20%

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

DURATION OF ESCAPING GAS:

Minutes: N/A

LEAK REPORT NUMBER: 01595

EFV Activated Yes No N/S

Number of Customers Affected: 0
Total Hours Service _____
Was Off: 0

VISUAL OBSERVATION AT DAMAGE SITE: *12/15*
Visual Observation: Above Ground Below Ground
Locate Applicable Yes No N/S
Facilities Properly Marked Yes No N/S
Marking Methods: Conventional Flags None
 Offset Paint Stakes Whiskers
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: 46 (Feet / Inches)

Were Facility Marks Visible Yes No
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#): 3327

Name of Locator: _____

LOCATING ORGANIZATION:

Contract Locator
 Unknown / Other
 Utility Owner

SERVICE ORDER NUMBER: _____

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:

UPPS
 OUPS
 Unknown

DEC 21 2012

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.)

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

- 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

DAMAGING PARTY:
 Name: Robinson Trenching
 Address: 12368 Southeastern
 City/ State/ Zip: Indpls, IN
 Phone: (317) 862-3929
 Prepared/ Investigated By: Erin Webster Date: 12-12-2012

PARTY TO INVOICE:
 Name: Same?
 Address: _____
 City/ State/ Zip: _____
 Phone: _____
 Reviewed by Field Supervisor: _____ Date: 12-18-12

4" PC Man was about 1" off of a steel drain tile.
 locate was bleeding on to drain tile, which caused locate to
 be off. Not sure how hard contractor tried to spot line.
 But locate was on edge of TOLLERANCE AVE

NORMAL NOTICE JOB EXTENSION

Ticket : 1211132716 Date: 11/13/2012 Time: 16:32 Oper: SPEOPLES Chan:036

State: IN Cnty: HAMILTON Twp: CLAY
 Cityname: CARMEL Inside: N Near: Y
 Subdivision:

Address : 3210
 Street : E 96TH ST
 Cross 1 : N KEYSTONE AVE Within 1/4 mile: Y
 Location: LOCATE FROM IPL POLE 226 AT 3210 EAST 96TH STREET GOING WEST ACROSS
 KEYSTONE AVENUE TO IPL POLE 107 ON THE NORTHSIDE OF THE ROAD---APPROX 1000 FEET
 ***Boring Where = UNDER KEYSTONE AVENUE

Grids : 3955B8606B 3955B8606A

Work type : INSTALL FIBER
 Done for : INDIANAPOLIS POWER AND LIGHT
 Start date: 11/15/2012 Time: 16:45 Hours notice: 48/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N
 Duration : 1 WEEK Depth: 4 FEET

Company : ROBINSON TRENCHING Type: CONT
 Co addr : 12368 SOUTHEASTERN AVENUE
 City : INDIANAPOLIS State: IN Zip: 46259
 Caller : JAMES LANE Phone: (317)862-3929
 Contact : JAMES LANE - CELL Phone:
 BestTime:
 Mobile : (317)339-1154
 Fax : (317)862-9319

Remarks : All tickets are taken and processed on Eastern Daylight Time
 PER JAMES - REMARK AS NEEDED - PREVIOUS TICKET NUMBER 1210260485
 Will you be white-lining the dig site area? NO

Submitted date: 11/13/2012 Time: 16:32
 Members: CTG CV ID0103 ID0660 ID1501 ID2001 ID2400 ID3639 ID5555 ID8122
 ID8999 ID9200 ID9999 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
AT&T - TRANSMISSION/TCG	FIBER OPTIC
BRIGHT HOUSE NETWORKS INDIANAPOLIS	CABLE TV
CARMEL STREET DEPARTMENT, CITY OF	
CARMEL UTILITIES	
CITIZENS GAS & COKE UTILITY - INDPLS.	GAS
CITIZENS WATER / FORMERLY VEOLIA WATER	WATER
CLAY TOWNSHIP REGIONAL WASTE DISTRICT	SEWER
COMCAST CABLEVISION - INDIANAPOLIS	CABLE TV
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV

INDIANAPOLIS POWER & LIGHT COMPANY	ELECTRIC
INDIANAPOLIS, CITY OF	
TW TELECOM	
VECTREN - NOBLESVILLE #1	GAS

NORMAL NOTICE JOB EXTENSION

Ticket : 1211300047 Date: 11/30/2012 Time: 07:07 Oper: SMCCLURE Chan:049

State: IN Cnty: HAMILTON Twp: CLAY
 Cityname: CARMEL Inside: N Near: Y
 Subdivision:

Address : 3210
 Street : E 96TH ST
 Cross 1 : N KEYSTONE AVE Within 1/4 mile: Y
 Location: LOCATE FROM IPL POLE 226 AT 3210 EAST 96TH STREET GOING WEST ACROSS
 KEYSTONE AVENUE TO IPL POLE 107 ON THE NORTHSIDE OF THE ROAD---APPROX 1000 FEET
 ***Boring Where = UNDER KEYSTONE AVENUE

:
 Grids : 3955B8606A 3955B8606B
 Boundary: n 39.927616 s 39.926414 w -86.115097 e -86.109245

Work type : INSTALL FIBER
 Done for : INDIANAPOLIS POWER AND LIGHT
 Start date: 12/04/2012 Time: 07:15 Hours notice: 96/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N
 Duration : 1 WEEK Depth: 4 FEET

Company : ROBINSON TRENCHING Type: CONT
 Co addr : 12368 SOUTHEASTERN AVENUE
 City : INDIANAPOLIS State: IN Zip: 46259
 Caller : JAMES LANE Phone: (317)862-3929
 Contact : JAMES LANE - CELL Phone:
 BestTime:
 Mobile : (317)339-1154
 Fax : (317)862-9319

Remarks : All tickets are taken and processed on Eastern Daylight Time
 PER JAMES - REMARK AS NEEDED - PREVIOUS TICKET NUMBER 1210260485
 Will you be white-lining the dig site area? NO

:
 Submitted date: 11/30/2012 Time: 07:07
 Members: CTG CV ID0103 ID0660 ID1501 ID2001 ID2400 ID3639 ID5555 ID8122
 ID8999 ID9200 ID9999 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
AT&T - TRANSMISSION/TCG	FIBER OPTIC
BRIGHT HOUSE NETWORKS INDIANAPOLIS	CABLE TV
CARMEL STREET DEPARTMENT, CITY OF	
CARMEL UTILITIES	
CITIZENS GAS & COKE UTILITY - INDPLS.	GAS
CITIZENS WATER / FORMERLY VEOLIA WATER	WATER
CLAY TOWNSHIP REGIONAL WASTE DISTRICT	SEWER
COMCAST CABLEVISION - INDIANAPOLIS	CABLE TV

COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
INDIANAPOLIS POWER & LIGHT COMPANY	ELECTRIC
INDIANAPOLIS, CITY OF	
TW TELECOM	
VECTREN - NOBLESVILLE #1	GAS

DAMAGE DAMAGE

Ticket : 1212121135 Date: 12/12/2012 Time: 11:09 Oper: RJOHNSON Chan:002

State: IN Cnty: HAMILTON Twp: CLAY
 Cityname: CARMEL Inside: N Near: Y
 Subdivision:

Address : 3210
 Street : E 96TH ST
 Cross 1 : N KEYSTONE AVE Within 1/4 mile: Y
 Location: LOCATE FROM IPL POLE 226 AT 3210 EAST 96TH STREET GOING WEST ACROSS
 KEYSTONE AVENUE TO IPL POLE 107 ON THE NORTHSIDE OF THE ROAD---APPROX 1000 FEET
 ***Boring Where = UNDER KEYSTONE AVENUE

Grids : 3955B8606A 3955B8606B
 Boundary: n 39.927616 s 39.926414 w -86.115097 e -86.109245

Work type : INSTALL FIBER
 Done for : INDIANAPOLIS POWER AND LIGHT
 Start date: 12/12/2012 Time: 11:10 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y
 Duration : 1 WEEK Depth: 4 FEET

Company : ROBINSON TRENCHING Type: CONT
 Co addr : 12368 SOUTHEASTERN AVENUE
 City : INDIANAPOLIS State: IN Zip: 46259
 Caller : PATTY YEAGER Phone: (317)862-3929
 Contact : JAMES LANE - CELL Phone:
 BestTime:
 Mobile : (317)339-1154
 Fax : (317)862-9319

Remarks : All tickets are taken and processed on Eastern Daylight Time
 GAS LINE HAS BEEN DAMAGED--UNKNOWN UTILITY COMPANY INVOLVED--GAS LINE NOT
 BLOWING--UNKNOWN LOCATION OF THE DAMAGED LINE--UNKNOWN DESCRIPTION OF THE
 DAMAGED LINE--HAVE NOT CALLED 911--CREW IS ON SITE--HAVE NOT CALLED THE UTILITY
 TO REPORT THE DAMAGED LINE--GAVE CITIZENS GAS AND VECTREN--PREVIOUS TICKET
 1211300047

Will you be white-lining the dig site area? NO

Submitted date: 12/12/2012 Time: 11:09
 Members: CTG CV ID0103 ID0660 ID1501 ID2001 ID2400 ID3639 ID5555 ID8122
 ID8999 ID9200 ID9999 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
AT&T - TRANSMISSION/TCG	FIBER OPTIC
BRIGHT HOUSE NETWORKS INDIANAPOLIS	CABLE TV
CARMEL STREET DEPARTMENT, CITY OF	
CARMEL UTILITIES	
CITIZENS GAS & COKE UTILITY - INDPLS.	GAS
CITIZENS WATER / FORMERLY VEOLIA WATER	WATER

CLAY TOWNSHIP REGIONAL WASTE DISTRICT	SEWER
COMCAST CABLEVISION - INDIANAPOLIS	CABLE TV
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
INDIANAPOLIS POWER & LIGHT COMPANY	ELECTRIC
INDIANAPOLIS, CITY OF	
TW TELECOM	
VECTREN - NOBLESVILLE #1	GAS



Property of United States Infrastructure Corporation
Photo taken on 12/12/2012 1:03:46 PM



Property of United States Infrastructure Corporation
Photo taken on 12/12/2012 1:03:54 PM



Property of United States Infrastructure Corporation
Photo taken on 12/12/2012 1:04:28 PM



Property of United States Infrastructure Corporation
Photo taken on 12/12/2012 1:04:20 PM



Property of United States Infrastructure Corporation
Photo taken on 12/12/2012 1:10:18 PM



Property of United States Infrastructure Corporation
Photo taken on 12/12/2012 1:10:24 PM



Property of United States Infrastructure Corporation
Photo taken on 12/12/2012 1:10:04 PM

Service Order Status

Thursday, December 20, 2012

Enter Service Order Number:

5455442



Clear Form

Refresh Data

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5455442

Order Type: INVE

Order Status: Completed

Customer: 600636350 - DAN YOUNG CHEVROLET

Prem: 5556535 - 3210 E 96TH ST BLDG

Technician: 3327 - Webster, Ervin

Order Dates and Times

Need Date: 12/12/2012 11:36:00 AM
Time Created: 12/12/2012 11:23:45 AM
Time Dispatched: 12/12/2012 11:23:45 AM
Time In Route: 12/12/2012 11:24:35 AM
Time On-Site: 12/12/2012 11:44:48 AM
Tech Complete: 12/12/2012 1:12:49 PM
Time Closed: 12/12/2012 1:12:49 PM

Events Performed/Completion Code

IVEG - CMP

Meter Information

Current ReadStatus

Old Meter:

New Meter:

Completion Notes

i checked the atomosphere and main no leaks were foud thier was gouges repa
 ires were made by the crew

Request Notes

12/12/12 HIT LINE PER PATTY YEAGER W / ROBINSON TRENCHING...NO ODOR...LINE DAMAGED...LOCATES ARE OFF
 ...REQUEST # 1211300047...XST KEYSTONE CREW ON SITE...POC IS MATT ROBINSON AT 317-716-3584...ADV. PR
 EC MTR 1036150

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentEnRoute_evt	12/12/2012 11:24:35 AM	Webster, Ervin
AsnAssignmentManualAck_evt	12/12/2012 11:24:36 AM	Webster, Ervin
AsnAssignmentOnSite_evt	12/12/2012 11:44:48 AM	Webster, Ervin
OrdOrderComplete_evt	12/12/2012 1:12:49 PM	Webster, Ervin

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



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4282

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: Robinson Trenching & Directional Boring, Inc.

Responsible Party Personal Name: James Layne

Title (if any): Field Coordinator

Address (number and street): 12368 Southeastern Avenue

City, State and ZIP Code: Indianapolis, Indiana 46259

Preferred Telephone Number (area code): 317-862-3929

Cellular Telephone Number (area code): 317-339-1154

Email Address: jlayne@robinsontrenching.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: USIC _____

Responsible Party Personal Name: _____

Title (*if any*): _____

Address (*number and street*): 9045 River Road _____

City, State and ZIP Code: Indianapolis, Indiana 46240 _____

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*): Unknown/Other

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*): 3210 E. 96th St.

City, State and ZIP Code: Indianapolis, Indiana 46240

Nearest Intersection: N. Keystone Ave.

Product Type (*select one*): Unknown/Other

Facility Type (*select one*): Unknown/Other

Size (Diameter/etc.): ^{4"} _____

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: 1211300047

- 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: N/A

Number of Inpatient Treated: N/A

Number of Fatalities: N/A

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

Damage ticket number 1212121135

Gas line was approximately 5' deep- locate marks were 42" off damages line.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4282

Your Full Name: James Layne

Full Name of Business / Entity (if applicable): Robinson Trenching & Directional Boring, Inc.

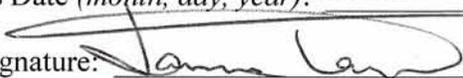
Your Business Title (if applicable): Field Coordinator

Address (number and street): 12368 Southeastern Avenue

City: Indianapolis State: IN ZIP Code: 46259

Your E-mail Address: jlayne@robinsontrenching.com

Today's Date (month, day, year): 3/12/2013

Your Signature:  Title (if any) Field Coordinator

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4282
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

From: [Patty Yeager](#)
To: [IURC PipelineDamageCase](#)
Subject: Case #4282- INITIAL DOCUMENTS- EXCAVATOR
Date: Tuesday, March 12, 2013 3:43:49 PM

IURC,

Attached is our Information Request Form for Case #4282. Should you have any questions you can e-mail myself or James Layne at jlayne@robinsontrenching.com or call our office (317) 862-3929 or James Layne on his cell phone (317) 339-1154.

Thank You, Patty Yeager
Robinson Trenching