



## Pipeline Safety Division Investigation Report

### Investigation regarding: American Residential Services

UPPAC Database Record ID: 4339

Report Date: 8/14/2013

Investigator: William Boyd

Damage Date: 1/24/2013 10:25:19 AM

Damage Address: 5433 Mark Ln, Lawrence, Marion

### The Parties

Excavator: American Residential Services

Address: 25 Woodrow Avenue, Indianapolis, In 46241

Facility Owner: Citizens Gas

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1301170054

Original Start Date:

Locate Instructions: LOCATE FRONT RIGHT SIDE OF THE HOUSE ALL THE WAY TO THE STREET WHEN FACING FROM STREET

Follow-Up Locate Instructions (if applicable):

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

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 3/8/2013. The excavator failed to protect the facility while performing the excavation backfilling as to not cause damage.

**Conclusion:** There was a failure to protect the gas facility during the backfilling process.

**Violation: IC 8-1-26-20(a)(1) Failure to plan excavation to avoid damage or interference with underground facilities.**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Feb 16, 2013

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### 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

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### Excavator Information, if known

Full name: SNAPP, JERRY % ARS

Business address (*number and street*): 25 WOODROW AVE

City, State, and ZIP code: Indianapolis, IN 46241

Telephone number (*area code*): 317-390-5555

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

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**Date and Location of Damage**

Date of damage (*month, day, year*): Jan 24, 2013

County: Marion

City: Indianapolis

Street address (*number and street, city, state, and ZIP code*):  
5433 MARK LN

Nearest intersection: E 55TH PL

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 \$ 0

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**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? 18

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**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1301170054

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

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --Failure to support exposed facilities

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### **Additional Comments**

Excavator did report this damage to IN811. MAO 2/18/2013.



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 4339

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*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.*

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**The Parties**

**Excavator Information:**

Business Name: American Residential Services LLC

Responsible Party Personal Name: Jerry Snapp

Title (if any): Excavator

Address (number and street): 25 Woodrow Ave.

City, State and ZIP Code: Indianapolis, IN 46241

Preferred Telephone Number (area code): 317-390-5555

Cellular Telephone Number (area code): 317-714-8252

Email Address: bmayer@ars.com

**Facility Information:**

Business Name: American Residential Services LLC

Responsible Party Personal Name: Bruce Mayer

Title (if any): \_\_\_\_\_

Address (number and street): 25 Woodrow Ave

City, State and ZIP Code: Indianapolis, IN 46241

Preferred Telephone Number (area code): 317-484-3610 ext 5534

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: bmayer@ars.com

**Locator Service Information:**

Business Name: USIC

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: \_\_\_\_\_

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**Utility Line Impact**

**Location of Damage:**

Address (number and street): 5433 Mark Ln

City, State and ZIP Code: Lawrence IN 46226

Nearest Intersection: \_\_\_\_\_

Product Type (select one): Natural Gas

Facility Type (select one): Service/Drop

Size (Diameter/etc.): 1"

Pressure (PSIG/Inches): \_\_\_\_\_

Interruption in Service:      Yes      No     Number of Customers Affected: <sup>1</sup> \_\_\_\_\_

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

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**Locate Information**

Excavator Request Locate:    Yes      No

Indiana 811 Locate Ticket Number: 1301170054

- 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
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**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

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**Additional Information / Comments**

Line had been exposed by hand during excavation and sewer installed. During the backfilling of the ditch a large frozen chunk of dirt rolled down onto the plastic fitting protruding from the side of the ditch and broke it. The line was not struck with any machinery. The temperature at the time was approximately 15 degrees.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 4339

Your Full Name: Bruce Mayer

Full Name of Business / Entity (if applicable): American Residential Services LLC

Your Business Title (if applicable): Manager

Address (number and street): 25 Woodrow Ave

City: Indianapolis State: IN ZIP Code: 46241

Your E-mail Address: Bmayer@ars.com

Today's Date (month, day, year): 3/7/2013

Your Signature:  Title (if any) MANAGER

Please return your Narrative Statement to:

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

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)