



## Pipeline Safety Division Investigation Report

### Investigation regarding: King's Landscaping

UPPAC Database Record ID: 4351

Report Date: 8/14/2013

Investigator: William Boyd

Damage Date: 12/6/2012

Damage Address: 7979 Englewood Rd, Indianapolis, Marion

### The Parties

Excavator: **King's Landscaping**

Address: 8175 E 550 South, Zionsville, In 46077

Facility Owner: **Citizens Gas**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Storm Drain

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$0

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1211211914

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

**Findings:** Reported by Tony Chan; excavator's response to initial notice was received on 2/22/2013. The excavator failed to maintain required clearance from the gas service with the backhoe.

**Conclusion:** There was a failure to use hand tools where required within the tolerance zone.

**Violation: IC 8-1-26-20(a)(2) Failure to maintain two (2) feet clearance with mechanized equipment.**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Jan 2, 2013

---

### Who is submitting this information?

Name of person providing this information: Tony Chan

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: KING'S LANDSCAPING

Business address (*number and street*): 8175 E 550 SOUTH

City, State, and ZIP code: ZIONSVILLE, IN 46077

Telephone number (*area code*): 317-769-3671

Fax number (*area code*): 317-508-5905

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

---

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Storm Drain/Culvert

---

**Date and Location of Damage**

Date of damage (*month, day, year*): Dec 6, 2012

County: Marion

City: Indianapolis

Street address (*number and street, city, state, and ZIP code*):  
7979 ENGLEWOOD RD

Nearest intersection: E 80TH ST

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*): 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? Service/Drop

What was the depth of the facility, in inches? 24

---

**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1211211914

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? No

Did the excavator notify 911 in the event of a release of product? No

---

### **Description of Cause**

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

---

### **Additional Comments**



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 4351

*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:** King's Landscaping

**Responsible Party Personal Name:** Roy King

**Title (if any):** Owner

**Address (number and street):** 8175 E 550 S

**City, State and ZIP Code:** Zionsville, IN 46077

**Preferred Telephone Number (area code):** 317-769-3671

**Cellular Telephone Number (area code):** 317-508-5904

**Email Address:** kingslandscaping@tds.net

**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: \_\_\_\_\_

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):** Drainage

**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): 7979 Englewood Rd

City, State and ZIP Code: Indianapolis, IN Marion County

Nearest Intersection: 80th St and Englewood RD

Product Type (select one): Natural Gas

Facility Type (select one): Unknown/Other

Size (Diameter/etc.): \_\_\_\_\_

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

Interruption in Service:  Yes  No Number of Customers Affected: 1

Evacuation:  Yes  No If yes, How Many Evacuated? 2

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: \_\_\_\_\_

- 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: 0Number of Inpatient Treated: 0Number of Fatalities: 0

- Fire Department Response:  Yes  No
- Police Department Response:  Yes  No
- Ambulance Response:  Yes  No

---

**Additional Information / Comments**

It was marked however, questionable as to whether it was within the 2 foot range. I am not disputing the range because it was just an accident. I was told by Vectren at one time not to crimp the line because of the static electricity it could cause. Had I known I could have crimped it I would have immediately so that gas had not been lost. I always try to take extra precautions around any gas lines because they scare me. I am sorry for the inconvenience to the people and the gas company caused by this accidental incident.

Sincerely,  
Roy King

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 4351

Your Full Name: Roy King

Full Name of Business / Entity (if applicable): King's Landscaping

Your Business Title (if applicable): Owner

Address (number and street): 8175 E 550 S

City: Zionsville State: IN ZIP Code: 46077

Your E-mail Address: kingslandscaping@tds.net

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

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

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 4351  
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)