



INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

<http://www.in.gov/iurc>
Office: (317) 232-2701
Facsimile: (317) 232-6758

Pipeline Safety Division Investigation Report

Investigation regarding: Reith-riley

UPPAC Database Record ID: 4354

Report Date: 8/14/2013

Investigator: William Boyd

Damage Date: 12/17/2012

Damage Address: 1790 N Somerset Ave, Indianapolis, Marion

The Parties

Excavator: **Reith-riley**

Address: P.o. Box 477, Goshen, In 46257

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: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$110

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1212101329

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Tony Chan; excavator's response to initial notice was received on 3/22/2013. The excavator failed to maintain required clearance from the gas main with the backhoe and did not provide a narrative of positive locate markings where the gas operator provided the locate markings were present and accurate.

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: REITH-RILEY

Business address (*number and street*): 1751 W MINNESOTA ST

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

Telephone number (*area code*): 317-473-4227

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*): Dec 17, 2012

County: Marion

City: Indianapolis

Street address (*number and street, city, state, and ZIP code*):
1790 N SOMERSET AVE

Nearest intersection: W 18TH ST

Right of way where damage occurred: Public - City Street

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 \$ 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? 48

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1212101329

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

Inactive service at this address.

INITIAL DOCUMENTS – EXCAVATOR



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4354

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*): 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: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 1790 N Somerset Avenue _____

City, State and ZIP Code: Indianapolis, IN _____

Nearest Intersection: W 18th Street _____

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 3/4" plastic _____

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if known): \$ 109.96 _____

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: 1212101543 _____

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: 4354

Your Full Name: Kim Beard

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

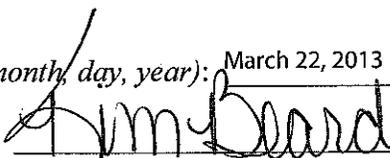
Your Business Title (if applicable): Risk Manager

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:  Title (if any) Risk Manager

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4354
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov