



Pipeline Safety Division Investigation Report

Investigation regarding: Nixco Plumbing

UPPAC Database Record ID: 4359

Report Date: 3/28/2013

Investigator: Howard Friend

Damage Date: 12/17/2012

Damage Address: 34 Pebble Beach Ln, Lawrenceburg, In, 47025

The Parties

Excavator: **Nixco Plumbing**

Address: 4281 Sr 42, Mason, Oh 45040

Facility Owner: **Sycamore Gas Company**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Water

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 4

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$350

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number:

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas line was damaged during excavation to repair a water leak.

Findings: Reported by Aaron Lambert; excavator's response to initial notice was received on 3/7/2013. Locate markings had been provided for a different excavator. Due to a communication error, proper notice of excavation did not occur.

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

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



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4359

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: Nixco Plumbing

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): 4281 S.R. 42

City, State and ZIP Code: Mason OH 45040

Preferred Telephone Number (area code): 513-445-5142

Cellular Telephone Number (area code): _____

Email Address: _____

Facility Information:

Business Name: Sycamore Gas Company

Responsible Party Personal Name: Aaron Lambert

Title (if any): _____

Address (number and street): 1155 E. Eads Pkwy

City, State and ZIP Code: Greendale IN 47025

Preferred Telephone Number (area code): 812-537-1921

Cellular Telephone Number (area code): _____

Email Address: alambert@sycamoregas.com

Locator Service Information:

Business Name: Sycamore 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: _____

Cause of Damage Information

Type of Equipment (*select one*): Backhoe/Trackhoe

Type of Work Performed (*select one*): Water

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*): 34 Pebble Beach

City, State and ZIP Code: Lawrenceburg IN 47025

Nearest Intersection: Augusta Dr

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 1"

Pressure (PSIG/Inches): 50 psig

Interruption in Service: Yes No **Number of Customers Affected:** ⁴ _____

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: _____

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: _____

Number of Inpatient Treated: _____

Number of Fatalities: _____

Fire Department Response: Yes No

Police Department Response: Yes No

Ambulance Response: Yes No

Additional Information / Comments

On my initial report I noted that the contractor requested locates however I then learned that the locates were called in by another company. The contractor in question (Nixco Plumbing) did not pot hole or spot the service nor did they call in their own locates. They piggy backed off of the locate called in by Neyer Plumbing (Ticket #1212120287).

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4359

Your Full Name: Aaron Lambert

Full Name of Business / Entity (if applicable): Sycamore Gas Company

Your Business Title (if applicable): _____

Address (number and street): 1155 E. Eads Pkwy

City: Greendale State: IN ZIP Code: 47025

Your E-mail Address: alambert@sycamoregas.com

Today's Date (month, day, year): 02/15/13

Your Signature: Aaron Lambert Title (if any) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4359
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Dec 27, 2012

Who is submitting this information?

Name of person providing this information: Aaron Lambert

Business address (*number and street*): 1155 E. Eads Pkwy

City, State, and ZIP code: Greendale IN 47025

Telephone number (*area code*): 812-537-1921

Fax number (*area code*): 812-537-3731

E-mail address: alambert@sycamoregas.com

Excavator Information, if known

Full name: NixCo Plumbing

Business address (*number and street*): 4281 SR 42

City, State, and ZIP code: Mason, OH 45040

Telephone number (*area code*): 513-445-5142

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): Dec 17, 2012

County: Dearborn

City: Lawrenceburg

Street address (*number and street, city, state, and ZIP code*):
34 Pebble Beach Ln, Lawrenceburg, IN, 47025

Nearest intersection: Augusta Dr

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? _____

Was there a customer service interruption? Yes

If yes, how many affected? 4

Time to restore service (*in hours*): 1

Enter number of injuries, if applicable and known: _____

Enter number of fatalities, if applicable and known: _____

Property damage, Estimate \$ _____

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? 30

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: _____

Was the locate request completed within two working days? Yes

If locates were performed, were they done so by a contractor or pipeline employee? Utility Owner

If a contractor locator, enter the company name, if known: _____

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?

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? 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

Excavator did not use any hand tools over service or attempt to pot hole the service. All excavation was done by excavator.

This excavator did not notify IN811 of intent to excavate (verified by IN811). An excavator giving the property owner a bid for work called for a locate request; however, the job was let to another excavator not having a locate ticket. MAO 1/9/2013



RECEIVED

MAR 07 2013

INDIANA UTILITY
REGULATORY COMMISSION

To Whom It May Concern:

On December 17, our operator (Bill Lucas) was excavating for a water line repair at 34 Pebble Beach Lane, Lawrenceburg IN, 47025. During this repair he hit a gas line owned by Sycamore Gas Company and damaged the line causing a leak. He contacted the office who in turn contacted Sycamore Gas Company to let them know the situation. Sycamore Gas Company sent out a crew to assess the situation and made repair to the gas line.

Since this accident Sycamore Gas Company has sent an invoice for the amount of \$350.00 to Nixco Plumbing for this repair. The invoice has been received and paid by Nixco Plumbing Inc.

During our initial visit to the jobsite we were in touch with the property management company that manages this and several other properties in the area. They, the management company, had called IUPPS for markings. Since the markings had been called in and were in place our operator assumed it was ready for excavation to begin. Our company has a good relationship with the Ohio Utilities Protection Service and we make sure that markings are down on every job we do. Our mistake was the breakdown in communication between the office and the field staff. We are currently taking action by re-introducing our outside crews and management personnel to the Indiana Code 8-1-26 so that we can prevent an incident such as this in the future. We have processes in place to prevent this, they just were not followed.

Thanks for your time and consideration,

A handwritten signature in black ink, appearing to read "Guy L. Hickman".

Guy Hickman
Service Manager
Nixco Plumbing Inc.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 4359

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: NIXCO PLUMBING INC.

Responsible Party Personal Name: JEFF HEGER

Title (if any): OWNER

Address (number and street): 4281 ST RT 42

City, State and ZIP Code: MASON, OH 45040

Preferred Telephone Number (area code): 513-770-5590

Cellular Telephone Number (area code): _____

Email Address: jeff@nixcoplumbing.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: _____

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): *Mini TRACKHOE*

Type of Work Performed (select one): *WATER LINE REPAIR*

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): 34 PEBBLE BEACH LANE

City, State and ZIP Code: GREENDALE, IN 47025

Nearest Intersection: AUGUSTA DR

Product Type (select one): NATURAL GAS

Facility Type (select one): SERVICE

Size (Diameter/etc.): _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No Number of Customers Affected: 2

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

Repair Cost (if known): \$ 350.⁰⁰

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: 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

SEE ATTACHED

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4359

Your Full Name: Guy Hickman

Full Name of Business / Entity (if applicable): Nixco Plumbing Inc.

Your Business Title (if applicable): Service Manager

Address (number and street): 4281 ST RT 42

City: MASON State: GA ZIP Code: 45040

Your E-mail Address: Guy@NixcoPlumbing.com

Today's Date (month, day, year): 2/28/13

Your Signature: Guy L Hickman Title (if any) 3.4.13

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 4359
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204**

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov