



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: **Wilson Water & Sewer Service Inc.**

UPPAC Database Record ID: 4463

Report Date: 9/16/2013

Investigator: Mike Orr

Damage Date: 2/11/2013 11:13:05 AM

Damage Address: 148 Banta St, Franklin, Johnson

### The Parties

Excavator: **Wilson Water & Sewer Service Inc.**

Address: 3015 South Harding Street, Indianapolis, In 46217

Facility Owner: **Vectren**

### 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: 1

Injuries:

Fatalities:

Repair Cost (if known):

\$2143.6900000000001

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes  
2/11/2013

Indiana 811 Ticket Number: 1302081665

Original Start Date:

Locate Instructions: LOCATE THE ENTIRE PROPERTY TO THE STREET

Follow-Up Locate Instructions (if applicable):

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

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 4/25/2013. Excavator had a valid locate ticket; however, the gas operator self reported a failure to provide accurate facility locate markings due to incorrect maps/records.

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

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



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

INITIAL DOCUMENTS -  
OPERATOR  
CASE # 4463

Submitted to IURC-Pipeline Safety on: 04/03/2013

### 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: Wilson Water & Sewer Service  
Business address (number and street): 3015 S Harding Street  
City, State, and ZIP code: Indianapolis, IN 46217  
Telephone number (area code): 317-788-6247  
Fax number (area code): 317-787-6244  
E-mail address: Unknown

### 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): 2-11-2013

County: Johnson

City: Franklin

Street address (number and street, city, state, and ZIP code):  
148 Banta Street, Franklin, IN

Nearest intersection: Unknown

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): 3

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 2,143.69

**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? \_\_\_\_\_

**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1302081665

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: None

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: --Incorrect facility records/maps

### **Additional Comments**

1" plastic service severed by hoe. Records

Wilson Water & Sewer

FDS 001746

Task No: 103 0510 Capital / O & M (circle one)  
Date of Damage 2 / 11 / 13  
Cost Center # 5835  
Time Occurred 11:15 am / pm  
Time Found 11:39 am / pm  
Latitude 39.484430 Longitude -86.057150

Vectren Claim Number: \_\_\_\_\_  
Police Report / MO #: \_\_\_\_\_

Vectren Claims Camera:

### FACILITIES DAMAGE REPORT

VE02681

DAMAGE SITE:  
Address 148 Banta St Lot # \_\_\_\_\_  
County Johnson City Franklin State IN Township Franklin

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

| 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 type="checkbox"/> Main                            | 0.75 inch        | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Meter (Residential)             | 1.00 inch        | <input checked="" 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 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 checked="" 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"/> |
| <input type="checkbox"/> Other                           | 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"/> |
|  | Other            |                                     |                          |                          |

**VISUAL OBSERVATION AT DAMAGE SITE:**  
 Visual Observation:  Above Ground  Below Ground  
 Locate Applicable  Yes  No  N/S  
 Facilities Properly Marked  Yes  No  N/S  
 Marking Methods:  Conventional  Flags  None  Whiskers  
 Offset  Paint  Stakes  
 Locate Marking Faded:  Yes  No  N/S  
 Wrong Address Requested  Yes  No  N/S

**TYPE OF MATERIAL:**  
 Cast Iron  
 Plastic (HDPF)  
 Plastic (MDPE)  
 Steel  
 Other

**DAMAGE TYPE:**  
 Severed  
 Not Cut  
 Severed  
 Size 1 x 2

**PRESSURE:**  
 25 PSIG  
 40 PSIG  
 50 PSIG  
 55 PSIG  
 60 PSIG  
 6 WC (.2163)  
 7 WC (252)  
 Other

**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: \_\_\_\_\_ / \_\_\_\_\_ (Feet / Inches)

Were Facility Marks Visible  Yes  No  Destroyed  
 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

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

**DURATION OF ESCAPING GAS:**  
 Minutes: 2 Hrs

**LEAK REPORT NUMBER:** N/A

EFV Activated  Yes  No  N/S

Observation by (ID#): 5478

**FEED TYPE:**  
 One-Way Feed  
 Two-Way Feed

Number of Customers Affected: 1  
 Total Hours Service Was Off: 3 Hrs

Name of Locator: USEC  
**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: 1302081665  
 Date: 2/11/13 Time: 8:00 am / pm

**TYPE OF REQUEST:**  
 Regular Request  Emergency Request  
 Locate Company Notified  
 Contact Name: \_\_\_\_\_  
 Time Called: 11:30 AM am / pm  
 Time Locator Arrived at the Site: 11:45 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:**  
 IUPPS  
 OUPS  
 Unknown

**WORKING FOR:**  
 City  County  Developer  
 State  Property Owner  
 Utility

Vectren Claim Number: \_\_\_\_\_

**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:** Operator - Rob Stone  
 Name: Wilson Water and Sewer  
 Address: 3015 S Harding St  
 City/ State/ Zip: Indpls, IN 46217  
 Phone: (317) 788-6247  
 Prepared / Investigated By: Kevin VanSlyke Date: 2/11/13

**PARTY TO INVOICE:**  
 Name: USIG INC  
 Address: 9045 N. RIVER RD S-300  
 City/ State/ Zip: INDIANAPOLIS IN 46240  
 Phone: ( ) \_\_\_\_\_  
 Reviewed by Field Supervisor: \_\_\_\_\_ Date: 2-12-13

EMERGENCY SEE REMARKS

Ticket : 1302081665 Date: 02/08/2013 Time: 15:12 Oper: KLEWIS Chan:032

State: IN Cnty: JOHNSON Twp: FRANKLIN  
 Cityname: FRANKLIN Inside: Y Near: N  
 Subdivision:

Address : 148  
 Street : BANTA ST  
 Cross 1 : N JACKSON ST Within 1/4 mile: Y  
 Location: LOCATE THE ENTIRE PROPERTY TO THE STREET

Grids : 3929D8603B 3929D8603C  
 Boundary: n 39.484999 s 39.483873 w -86.058960 e -86.055856

Work type : PLACE WATER LINE  
 Done for : HOMEOWNER  
 Start date: 02/11/2013 Time: 08:00 Hours notice: 64/016 Priority: EMER  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
 Duration : 1 DAY Depth: 5 FEET

Company : WILSON WATER & SEWER SERVICE INC. Type: CONT  
 Co addr : 3015 SOUTH HARDING STREET  
 City : INDIANAPOLIS State: IN Zip: 46217  
 Caller : DONNA SHEPLER Phone: (317)788-6247  
 Contact : DONNA SHEPLER--OFFICE Phone:  
 BestTime:  
 Mobile : (317)788-6247  
 Fax : (317)787-6244

Remarks : All tickets are taken and processed on Eastern Daylight Time  
 CREW WILL BE ON SITE MONDAY 2-11-13 AT 8AM  
 Will you be white-lining the dig site area? NO  
 :

Submitted date: 02/08/2013 Time: 15:12  
 Members: ID0002 ID0270 ID2034 ID3640 ID4752 ID5693 ID5857 ID7131 ID7288 SM

| Member Name                      | Facility Types |
|----------------------------------|----------------|
| CENTURYLINK                      | TELEPHONE      |
| COMCAST CENTRAL (GREENWOOD)      | CABLE TV       |
| DUKE ENERGY / FORMERLY CINERGY   | ELECTRIC       |
| FRANKLIN DPW, CITY OF            |                |
| IN AMERICAN WATER JOHNSON COUNTY | WATER          |
| QWEST COMMUNICATIONS             | FIBER OPTIC    |
| VECTREN - FRANKLIN               | GAS            |
| WINDSTREAM KDL                   | COMMUNICATIONS |



Property of United States Infrastructure Corporation  
Photo taken on 2/9/2013 9:43:44 AM



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Photo taken on 2/9/2013 9:43:46 AM



Property of United States Infrastructure Corporation  
Photo taken on 2/9/2013 9:43:48 AM



Property of United States Infrastructure Corporation  
Photo taken on 2/9/2013 9:43:50 AM



Property of United States Infrastructure Corporation  
Photo taken on 2/9/2013 9:43:58 AM



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Photo taken on 2/9/2013 9:44:04 AM

# Service Order Status

Monday, February 18, 2013

**Enter Service Order Number:**

5520302



Clear Form

Refresh Data

**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD

**Order Number:** N5520302

**Order Type:** LEAK

**Order Status:** Completed

**Customer:** 600465768 - JUSTICE LINDA K

**Prem:** 5085537 - 148 BANTA ST

**Technician:** 2524 - VanSlyke, Kevin

**Order Dates and Times**

**Need Date:** 2/11/2013 11:40:00 AM  
**Time Created:** 2/11/2013 11:18:44 AM  
**Time Dispatched:** 2/11/2013 11:21:33 AM  
**Time In Route:** 2/11/2013 11:22:34 AM  
**Time On-Site:** 2/11/2013 11:40:19 AM  
**Tech Complete:** 2/11/2013 1:08:17 PM  
**Time Closed:** 2/11/2013 1:08:17 PM

**Events Performed/Completion Code**

LKOT - CMP

**Meter Information**

**Current Read Status**

**Old Meter:** 2632 Inactive

**New Meter:**

**Completion Notes**

contractor cut 1"pl service. I called crew supv, requested crew, waited for crew to arrive, assisted crew with monitoring area. crew will make safe and repair.

**Request Notes**

2-11-13 DONNA SHEPLER W/WILSON WATER AND SEWER HIT SERVICE LINE-XST JACKSON-GAS BLOWING-PH# 317-788-6247-LOC# 1302081661-HIT OUT BY RD

**MDSI Event Dates and Times**

| Event                      | Date/Time             | User            |
|----------------------------|-----------------------|-----------------|
| AsnAssignmentManualAck_evt | 2/11/2013 11:19:11 AM | Shipp, Randy    |
| AsnAssignmentEnRoute_evt   | 2/11/2013 11:19:41 AM | Shipp, Randy    |
| AsnAssignmentManualAck_evt | 2/11/2013 11:22:24 AM | VanSlyke, Kevin |
| AsnAssignmentEnRoute_evt   | 2/11/2013 11:22:34 AM | VanSlyke, Kevin |
| AsnAssignmentOnSite_evt    | 2/11/2013 11:40:19 AM | VanSlyke, Kevin |
| OrdOrderComplete_evt       | 2/11/2013 1:08:17 PM  | VanSlyke, Kevin |

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

DAMAGE SEE REMARKS

Ticket : 1302111079 Date: 02/11/2013 Time: 11:10 Oper: SLUCAS Chan:060

State: IN Cnty: JOHNSON Twp: FRANKLIN  
 Cityname: FRANKLIN Inside: Y Near: N  
 Subdivision:

Address : 148  
 Street : BANTA ST  
 Cross 1 : N JACKSON ST Within 1/4 mile: Y  
 Location: LOCATE THE ENTIRE PROPERTY TO THE STREET  
 :

Grids : 3929D8603B 3929D8603C  
 Boundary: n 39.484999 s 39.483873 w -86.058960 e -86.055856

Work type : PLACE WATER LINE  
 Done for : HOMEOWNER  
 Start date: 02/11/2013 Time: 11:10 Hours notice: 0/000 Priority: EMER  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
 Duration : 1 DAY Depth: 5 FEET

Company : WILSON WATER & SEWER SERVICE INC. Type: CONT  
 Co addr : 3015 SOUTH HARDING STREET  
 City : INDIANAPOLIS State: IN Zip: 46217  
 Caller : DONNA SHEPLER Phone: (317)788-6247  
 Contact : DONNA SHEPLER--OFFICE Phone:  
 BestTime:  
 Mobile : (317)788-6247  
 Fax : (317)787-6244

Remarks : All tickets are taken and processed on Eastern Daylight Time  
 A VECTREN GAS LINE HAS BEEN HIT IN THE FRONT OF THE PROPERTY NEAR THE STREET -  
 GAS LINE IS BLOWING BUT CALLER DOES NOT KNOW IF IT CAN BE HEARD OR SMELLED -  
 CALLER HAS NOT CALLED 911 OR THE UTILITY BUT WAS ADVISED TO CALL - CREW IS ON  
 SITE - PREVIOUS TICKET NUMBER IS 1302081665 - THANK YOU  
 Will you be white-lining the dig site area? NO  
 :

Submitted date: 02/11/2013 Time: 11:10  
 Members: ID0002 ID0270 ID2034 ID3640 ID4752 ID5693 ID5857 ID7131 ID7288 SM

| Member Name                      | Facility Types |
|----------------------------------|----------------|
| CENTURYLINK                      | TELEPHONE      |
| COMCAST CENTRAL (GREENWOOD)      | CABLE TV       |
| DUKE ENERGY / FORMERLY CINERGY   | ELECTRIC       |
| FRANKLIN DPW, CITY OF            |                |
| IN AMERICAN WATER JOHNSON COUNTY | WATER          |
| QWEST COMMUNICATIONS             | FIBER OPTIC    |
| VECTREN - FRANKLIN               | GAS            |
| WINDSTREAM KDL                   | COMMUNICATIONS |



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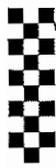
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Photo taken on 2/11/2013 2:12:14 PM



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Photo taken on 2/11/2013 2:13:00 PM



Property of United States Infrastructure Corporation  
Photo taken on 2/11/2013 2:24:56 PM



**INFORMATION REQUEST**

State Form 54809 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

3 pgs

**RECEIVED**

APR 25 2013

INDIANA UTILITY  
REGULATORY COMMISSION

**Case Number:** 4463

**Date of Damage (month, day, year):** 2/11/2013

**Location of Damage:**

**Address (number and street):** 148 Banta St

**City, State and ZIP Code:** Franklin IN 46131

**Nearest Intersection:** N Jackson St

**Excavator Information:**

**Business Name:** Wilson Water & Sewer Service

**Responsible Party Personal Name:** Robert Stone

**Title (if any):** operator

**Address (number and street):** 6751 W Road 200 N

**City, State and ZIP Code:** Bargersville In 46106

**Preferred Telephone Number (area code):** 317-422-4408

**Email Address:**

**Utility Information:**

**Utility Name:** Vectren

**Contact Person:**

**Title (if any):**



3 pgs



**INFORMATION REQUEST**

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

**Case Number:** 4463

**Date of Damage (month, day, year):** 2/11/2013

**Location of Damage:**

**Address (number and street):** 148 Banta St

**City, State and ZIP Code:** Franklin IN 46131

**Nearest Intersection:** N Jackson St

**Excavator Information:**

**Business Name:** Wilson Water & Sewer Service

**Responsible Party Personal Name:** Robert Stone

**Title (if any):** operator

**Address (number and street):** 6751 W Road 200 N

**City, State and ZIP Code:** Bargersville In 46106

**Preferred Telephone Number (area code):** 317-422-4408

**Email Address:**

**Utility Information:**

**Utility Name:** Vectren

**Contact Person:**

**Title (if any):**

CASE 4463

**Additional Information / Comments**

gas was miss marked by 38"

it will not let me type my name in the signature line  
Donna Shepler 4/25/2013

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (month, day, year): \_\_\_\_\_

*\*If submitting this form electronically, typing your name in the signature box will act as an electronic signature.*

**Please return completed form to:**

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

**Or mail to:**

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

**Or fax to:  
317-233-2410**

CASE 4463

**Cause of Damage Information**

Type of Equipment (select one):

Backhoe/Trackhoe

Type of Work Performed (select one):

Water

Repair Cost: \$ 0.00

Did a leak result from damage:

Yes  No

Was there ignition:

Yes  No

Excavator Notify 911 due to leak:

Yes  No

Excavator Notify 811 upon damage:

Yes  No

Excavator Notify Utility upon Damage:

Yes  No

**RECEIVED**  
**RECEIVED**  
APR 25 2013  
APR 25 2013  
INDIANA UTILITY  
REGULATORY COMMISSION  
REGULATORY COMMISSION

**Locate Information**

Excavator Request Locate:

Yes  No

Indiana 811 Locate Ticket Number: 1302081665

Locate Marks Visible:

Yes  No

Locate Marks Correct:

Yes  No

Excavator "White Lined":

Yes  No

Was Locate Provided within Two (2) Working Days:

Yes  No

Utility Employees On-site during Excavation:

Yes  No

**Incident Information:**

Fire Department Response:

Yes  No

Police Department Response:

Yes  No

Ambulance Response:

Yes  No