



Pipeline Safety Division Investigation Report

Investigation regarding: QC Communications, Inc.

UPPAC Database Record ID: 4638

Report Date: 8/14/2013

Investigator: William Boyd

Damage Date: 4/17/2013 3:01:44 PM

Damage Address: 4190 Magnolia Dr, Whiteland, Johnson

The Parties

Excavator: **QC Communications, Inc.**

Address: 7925 West 100 South, Wabash, In 46992

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Boring

Type of Work Performed: Telecommunications

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
4/11/2013

Indiana 811 Ticket Number: 1304084036

Original Start Date:

Locate Instructions: LOCATE FROM THE ABOVE INTERSECTION GOING NORTH FOR APPROX 1100 FEET ON THE WEST SIDE OF MAGNOLIA DR AND STOPPING AT SYCAMORE CT

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 5/10/2013. The gas operator did not respond to the request for information. The excavator failed to maintain required clearance from the gas service with the directional drilling machine.

Conclusion: There was a failure to maintain two (2) feet clearance.

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

STATE OF INDIANA



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

May 1, 2013

Edward Stellard
Qc Communications Inc
7925 West 100 South
Wabash, In 46992

RECEIVED

MAY 1 0 2013

INDIANA UTILITY
REGULATORY COMMISSION

**Re: Notice of Preliminary Determination of Violation
Pipeline Safety Division Case No. 4638**

Date of Event: 4/17/2013
Event Location: Magnolia Dr, Pleasant, Johnson County
Excavator: Qc Communications Inc
Facility Owner: Vectren

Dear Edward Stellard,

On behalf of the Indiana Utility Regulatory Commission ("Commission"), I am writing to inform you that information has been filed with the Commission's Pipeline Safety Division regarding an alleged violation of Indiana Code chapter 8-1-26, the Indiana Damage to Underground Facilities Act ("the Act"). You are receiving this letter because you have been identified as the Respondent Excavator.

To ensure safety, the Indiana Underground Plant Protection Service (Indiana 811) and gas operators routinely provide reports to the Pipeline Safety Division when an operator's facility is damaged. The Division has received a report from one of these entities that on **4/17/2013**, you or your business damaged a pipeline facility owned by **Vectren** and located at **Magnolia Dr, Pleasant, Johnson County**.

Based upon the information received, the Pipeline Safety Division is commencing an investigation into the event concerning you or your business to determine whether any statutory violations were committed regarding public safety, specifically the following:

- IC 8-1-26-16(g): Failure to provide notice of excavation.
- IC 8-1-26-16(h): Failure to perform required white lining.
- IC 8-1-26-20(b): Failure to maintain two (2) feet clearance with mechanized equipment.
- IC 8-1-26-18(f): Failure to properly locate facilities (operator violation)

The Division provides both you and Vectren with an opportunity to send in documentation explaining what occurred. This may include maps, photographs, narrative statements, and any other evidence you wish to provide. You have thirty (30) days from the date this letter is received to send in information, but an extension may be given for good cause shown. Please note that the Division's



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

Case Number: 4638

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: QC comm.

Responsible Party Personal Name: Ed Stellard

Title (if any): for man

Address (number and street): 7869 Howard Pointe Dr

City, State and ZIP Code: Amievh In 46164

Preferred Telephone Number (area code): 260 273 5377
" " "

Cellular Telephone Number (area code): _____

Email Address: _____

Facility Information:

Business Name: QC comm

Responsible Party Personal Name: Ed Stellard

Title (if any): for man

Address (number and street): Wabov3 h IN

City, State and ZIP Code: White land IN

Preferred Telephone Number (area code): 260 273 5379

Cellular Telephone Number (area code): 11 11

Email Address: —

Locator Service Information:

Business Name: USIC

Responsible Party Personal Name: Zak

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): Directional Drill

Type of Work Performed (select one): Install Fiber Boring

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): 260 273 5377

Email Address: _____

Utility Line Impact

Location of Damage: 4190 Magnolia Dr.
Address (number and street): _____

City, State and ZIP Code: Whiteland IN

Nearest Intersection: Magnolia Dr. & Sycamore Ct

Product Type (select one): gas

Facility Type (select one): Vertron

Size (Diameter/etc.): 3/4 inch line

Pressure (PSIG/Inches): _____

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

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: 1304084036

Damage Ticket # 1304172893

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

Date is not correct on Camera

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 4638

Your Full Name: Edward Stillard

Full Name of Business / Entity (if applicable): QC COMM INC

Your Business Title (if applicable): _____

Address (number and street): _____

City: _____ State: _____ ZIP Code: _____

Your E-mail Address: _____

Today's Date (month, day, year): 4-17-13

Your Signature: Edward Stillard Title (if any) Foreman

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 4638
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

QC Communications, Inc.
7925 W. 100 S.

Wabash, IN 46992
Phone - 800-421-0582

lprather@qccommunications.com

Locate Description Sheet

IUPPS - 800-382-5544

Caller: Ed Stellard
Phone: 260 273 5377

Work Done For: Cinergy

Subdivision(if any): Knollwood

Type of Work: Install fiber

Address of Dig Site: 4190 magnolia Dr

City: White land

County: Johnson

Township: Pleasant

Nearest Intersection: Magnolia & sycamore ct.

Within ¼ mile Y N

Description

Pulling product back, rock in path raised head
while pulling & caught gas line with clevis.

Ticket # 1304084036

Ticket Refresh # _____

Good: april 11th

Good: april 23rd

Exp: april 28th

Exp: may 7th

Damage # 1304172893

UNDERGROUND UTILITY ACCIDENT REPORT

Company Name <u>QC. Comm. INC.</u> Address (Main Office) _____	Job Name <u>Metronet Fiber Install</u> Address _____	
Crew Members Names Supervisor: <u>Ed Stellard</u> Workers <u>Troy Warner</u> <u>Denis Perkins</u>	Name of Other Witnesses (include phone #, address or employer's name, if possible) _____	
Description of Job <u>Fiber Installation</u>		
Were Utility Lines marked? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Name/Phone # of Locator Service: <u>USFC</u>	
Locator Log # (Confirmation #) <u>—</u>	Date Marked: <u>4-16-13</u> By Whom: <u>ZAK</u>	
Date of Accident <u>4-17-13</u>	Time of Accident <u>3:10 pm</u>	
Accident Description (Describe How the Accident Occurred) <u>Exposed all utilities, Bored out, when pulling back the head slid across a rock that raised the head and caught the gas line, was distracted by bus driver, to move truck</u>		
Describe Damaged Property <u>Damaged 3/4 inch gas line</u>		
List Owner of Damaged Property Name: <u>Vectren gas</u> Address: <u>4190 magnolia Dr.</u> Phone # _____		
Sketch of Job Where Accident Occurred (Sketch) Show Trench Point of Damage (approx.) Location & Depth of Utility Line Where were Marked & Unmarked Identify Location of Photos Show Direction of North		
List Names of Emergency Response Personnel (Police, Fire, EMTs, etc.) Names: <u>fire, Vectren</u> Badge # _____		
Name of Person Completing This Report: (Print Name) <u>Edward Stellard</u> (Signature) _____	Name of Photographer (If Video or Photo(s) were taken) (Print Name) <u>Troy Warner</u>	When was Report Completed (Date) <u>4-17-13</u> (Time) <u>3:45 pm</u>

Original: Bituminous Claims Office

cc: Customer Records







09/30/2012 AM 08:23



09/30/2012 AM 08:24



09/30/2012 AM 06:51



09/30/2012 AM 08:03