



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Ka Miner Excavating Inc**

UPPAC Database Record ID: 4921

Report Date: 7/31/2013

Investigator: Mike Orr

Damage Date: 6/12/2013 2:32:43 PM

Damage Address: 6 Manor Dr, Center, Hendricks

### The Parties

Excavator: **Ka Miner Excavating Inc**

Address: Po Box 16, Danville, In 46122

Facility Owner: **Vectren**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Sewer

### Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$862

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes  
6/10/2013

Indiana 811 Ticket Number: 1306054163

Original Start Date:

Locate Instructions: ON THE EAST SIDE OF THE BUILDING---LOCATE EAST APPROX 75 FEET FOR THE ENTIRE WIDTH OF THE HOUSE THEN AT THAT POINT---LOCATE NORTH APPROX 300 FEET TO OLD US RT 36 TO INCLUDE---LOCATING A 20 FOOT WIDE PATH FOR THE ENTIRE NORTHERN PORTION OF THE LOCATE---AREA IS CURRENTLY WHITE LINED BUT GRASS MAY BE CUT REMOVING MARKINGS---PLEASE PAINT AND FLAG

Follow-Up Locate Instructions (if applicable):

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

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 7/25/2013. The excavator had a valid locate ticket and the gas operator provided accurate locate markings; however, the excavator used the backhoe within the two (2) feet tolerance zone.

**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.**



# DAMAGE INFORMATION REPORT – PIPELINE SA

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

INITIAL DOCUMENTS -  
OPERATOR

CASE # 4921

Submitted to IURC-Pipeline Safety on: 07/31/2013

## 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: KA Miner Excavating Inc

Business address (number and street): PO Box 16

City, State, and ZIP code: Danville, IN 46122

Telephone number (area code): 317-442-6158

Fax number (area code): 317-745-7622

E-mail address: Unknown

## 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): 6-12-2013

County: Hendricks

City: Danville

Street address (number and street, city, state, and ZIP code):  
6 Manor Drive, Danville, IN

Nearest intersection: Unknown

Right of way where damage occurred: Dedicated Public Utility Easement

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 \$ 862.3

**Affected Facility Information**

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

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: 1306054163

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? Yes

Type of markings used: Paint

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? No

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? Unknown/Other

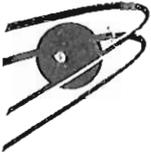
Did the excavator notify 911 in the event of a release of product? Unknown/Other

### **Description of Cause**

Select from the list the most accurate cause for the damage: --Failure to maintain clearance

### **Additional Comments**

2" plastic main damaged by hoe. Failure to maintain clearance.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

PAID

NOW DUE

\$862.30

K A MINER EXCAVATING  
PO BOX 16  
DANVILLE, IN 46122

Type: GAS  
Invoice: FDS0017932  
BillToID: 33426  
Billing Date: 7/5/2013  
Date of Loss: 6/12/2013  
5953 103.0509

Please return this portion with your remittance.



Mall Payment To:  
Vectren Energy Delivery of Indiana - North  
Vectren Utilities Holding Group, Inc.  
1239 Reliable Parkway  
Chicago, IL 60686-0012  
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5  
Risk Management/Claims Department

NOW DUE

\$862.30

K A MINER EXCAVATING  
PO BOX 16  
DANVILLE, IN 46122

Type: GAS  
Invoice: FDS0017932  
BillToID: 33426  
Billing Date: 7/5/2013  
Date of Loss: 6/12/2013

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 6 MANOR DRIVE, DANVILLE

2" PLASTIC MAIN DAMAGED BY MINI EXCAVATOR. FAILURE TO MAINTAIN CLEARANCE.

Material:	\$23.01
Company Labor:	\$669.05
Contract Labor:	\$0.00
Transportation/Equipment:	\$107.36
Misc:	\$0.00
Gas Loss:	\$62.88
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$862.30

5953 103.0509

Remember, call two (2) working days before digging. Contact I.U.P.S. at 1-800-382-5544.

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

FDS0017932

Task No: 103.0509 Capital / O & M (circle one)

Police Report / MO #: \_\_\_\_\_

Date of Damage 6/12/2013

Cost Center # 5953

Time Occurred 2:40 am/pm

Time Found 3:00 am/pm

Latitude 39.76240 Longitude: -86.444940

# FACILITIES DAMAGE REPORT

## GAS

Vectren Claims Camera:

VE02069

4

**DAMAGE SITE:**

Address 6 MANOR DR. Lot # \_\_\_\_\_

County HENRICKS City DANVILLE State IN Township CENTER

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

**VISUAL OBSERVATION AT DAMAGE SITE:**

- Visual Observation:  Above Ground  Below Ground 6/12/13
- Locate Applicable  Yes  No  N/S
- Facilities Properly Marked  Yes  No  N/S
- Marking Methods:  Conventional  Flags  None
- Offset  Paint  Stakes  Whiskers
- Locate Marking Faded:  Yes  No  N/S
- Wrong Address Requested  Yes  No  N/S

**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)

**TYPE OF MATERIAL:**

- Cast Iron
- Plastic (HDPE)
- Plastic (MDPE)
- Steel
- Other \_\_\_\_\_

**DAMAGE TYPE:**

- Severed
- Not Cut
- Severed n
- Size 1/2" x 1/2"

**PRESSURE:**

- 25 PSIG
- 40 PSIG
- 50 PSIG
- 55 PSIG
- 60 PSIG
- 6 WC (.2163)
- 7 WC (.252)
- Other \_\_\_\_\_

**PROTECTION IN PLACE:**

- Building  Fence  None
- Post  Rail  Vault  N/A
- Other \_\_\_\_\_

**DURATION OF ESCAPING GAS:**

Minutes: 40

**LEAK REPORT**

NUMBER: WO 10000536

EFV Activated  Yes  No  N/S

Number of Customers Affected: 1

Total Hours Service Was Off: 2

- Were Facility Marks Visible  Yes  No
- 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

Observation by (ID#): W. HENDERSON

Name of Locator: \_\_\_\_\_

**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 SEWER

**NOTIFICATIONS AND OTHER DETAILS OF LOCATE:**

Locate Ticket: 1306054163

Date: 6/10/13 Time: \_\_\_\_\_ am / pm

**TYPE OF REQUEST:**

- Regular Request  Emergency Request
- Locate Company Notified
- Contact Name: \_\_\_\_\_
- Time Called: \_\_\_\_\_ am / pm
- Time Locator Arrived at the Site: \_\_\_\_\_ 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:**

- TUPPS
- 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: 3 MAN, COMPANY

**MATERIALS OR ROAD WORK:**

- Meter was replaced \_\_\_\_\_ (Stores Code)
- Regulator Was Replaced \_\_\_\_\_ (Stores Code)
- Temporary Asphalt Repair: \_\_\_\_\_ (sq. ft.)
- Permanent Asphalt Repair: \_\_\_\_\_ (sq. ft.)

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

**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

**DAMAGING PARTY:**

Name: K.A. MINER EXCAVATING, INC.  
 Address: P.O. BOX 16  
 City/ State/ Zip: DANVILLE, IN 46122  
 Phone: (317) 745-5724  
 Prepared/ Investigated By: MARK HENDERSON Date: 6/17/13

**PARTY TO INVOICE:**

Name: \_\_\_\_\_  
 Address: same  
 City/ State/ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 Reviewed by Field Supervisor: Alexander Date: 6/17/13

CONTRACTOR HAD MAIN SPOTTED EVERY 10'. HE WAS MAKING A TURN WITH HIS DITCH WHEN HIS BUCKET TOOTH PUNCTURED THE MAIN.

*[Signature]*

## Ticket Portal Production

**Ticket Text**   **Photos**

### Ticket Text

CV 03935 IUPPSa 06/05/2013 20:07:52 1306054163-00A NORM NEW GRID  
 NORMAL NOTICE SEE REMARKS  
 Ticket : 1306054163 Date: 06/05/2013 Time: 20:06 Oper: JCARTER Chan:009  
 State: IN Cnty: HENDRICKS Twp: CENTER  
 Cityname: DANVILLE Inside: Y Near: N  
 Subdivision:  
 Address : 6  
 Street : MANOR DR  
 Cross 1 : OLD US RT 36 Within 1/4 mile: Y  
 Location: ON THE EAST SIDE OF THE BUILDING---LOCATE EAST APPROX 75 FEET FOR THE  
 ENTIRE WIDTH OF THE HOUSE THEN AT THAT POINT---LOCATE NORTH APPROX 300 FEET TO  
 OLD US RT 36 TO INCLUDE---LOCATING A 20 FOOT WIDE PATH FOR THE ENTIRE NORTHERN  
 PORTION OF THE LOCATE---AREA IS CURRENTLY WHITE LINED BUT GRASS MAY BE CUT  
 REMOVING MARKINGS---PLEASE PAINT AND FLAG  
 :  
 Grids : 3945B8629A 3945B8629B  
 Boundary: n 39.761747 s 39.759352 w -86.496817 e -86.495133  
 Work type : INSTALLING WATER AND SEWER LINE  
 Done for : ROGER PHILLIPS  
 Start date: 06/10/2013 Time: 07:00 Hours notice: 106/048 Priority: NORM  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
 Duration : 2 DAYS Depth: 6 FEET  
 Company : KA MINER EXCAVATING INC Type: CONT  
 Co addr : PO BOX 16  
 City : DANVILLE State: IN Zip: 46122  
 Caller : KEITH MINER Phone: (317)442-6158  
 Contact : KEITH MINER - CELL Phone:  
 BestTime:  
 Mobile : (317)442-6158  
 Fax : (317)745-7622  
 Email : KAMINEREXC@AOL.COM  
 Remarks : All tickets are taken and processed on Eastern Daylight Time  
 PER KEITH MINER---IF ANY QUESTIONS AT ALL PLEASE CALL KEITH MINER AT HIS CELL  
 317-442-6158  
 Will you be white-lining the dig site area? NO  
 :  
 Submitted date: 06/05/2013 Time: 20:06  
 Members: CV ID0002 ID0022 ID3003 ID4471 ID9450 SBCIN SM  
 -----  
 Email\_From: lrth@iupps.org  
 Email\_Subject: IUPPS CV 2013/06/05 #03935 1306054163-00A NORM NEW  
 Email\_Sent\_Date: 2013-06-05 19:07:52 CDT  
 Email\_host: tickets7.811tickets.com  
 Email\_user: 811.in.oc  
 Email\_To: 811.in.oc@tickets.811tickets.com  
 Email\_ContentType: text/plain; charset=us-ascii



Property of United States Infrastructure Corporation  
Photo taken on 6/8/2013 11:15:19 AM



Property of United States Infrastructure Corporation  
Photo taken on 6/8/2013 11:19:44 AM



Property of United States Infrastructure Corporation  
Photo taken on 6/8/2013 11:19:47 AM



Property of United States Infrastructure Corporation  
Photo taken on 6/8/2013 11:19:50 AM

## Ticket Portal Production

**Ticket Text**   **Photos**

**Ticket Text**

ATTIN Seq: 1431 Transmitted: Wed Jun 12 13:34:37 CDT 2013  
 SBCIN 01428 IUPPSa 06/12/2013 14:32:49 1306122587-00A EMER DAMG GRID  
 DAMAGE SEE REMARKS  
 Ticket : 1306122587 Date: 06/12/2013 Time: 14:29 Oper: SHARRIS Chan:017  
 State: IN Cnty: HENDRICKS Twp: CENTER  
 Cityname: DANVILLE Inside: Y Near: N  
 Subdivision:  
 Address : 6  
 Street : MANOR DR  
 Cross 1 : OLD US RT 36 Within 1/4 mile: Y  
 Location: ON THE EAST SIDE OF THE BUILDING---LOCATE EAST APPROX 75 FEET FOR THE  
 ENTIRE WIDTH OF THE HOUSE THEN AT THAT POINT---LOCATE NORTH APPROX 300 FEET TO  
 OLD US RT 36 TO INCLUDE---LOCATING A 20 FOOT WIDE PATH FOR THE ENTIRE NORTHERN  
 PORTION OF THE LOCATE---AREA IS CURRENTLY WHITE LINED BUT GRASS MAY BE CUT  
 REMOVING MARKINGS---PLEASE PAINT AND FLAG  
 :  
 Grids : 3945B8629A 3945B8629B  
 Boundary: n 39.761747 s 39.759352 w -86.496817 e -86.495133  
 Work type : INSTALLING WATER AND SEWER LINE  
 Done for : ROGER PHILLIPS  
 Start date: 06/12/2013 Time: 14:32 Hours notice: 0/000 Priority: EMER  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
 Duration : 2 DAYS Depth: 6 FEET  
 Company : KA MINER EXCAVATING INC Type: CONT  
 Co addr : PO BOX 16  
 City : DANVILLE State: IN Zip: 46122  
 Caller : KEITH MINER Phone: (317)442-6158  
 Contact : KEITH MINER - CELL Phone:  
 BestTime:  
 Mobile : (317)442-6158  
 Fax : (317)745-7622  
 Email : KAMINEREXC@AOL.COM  
 Remarks : All tickets are taken and processed on Eastern Daylight Time  
 A VECTREN GAS LINE HAS BEEN HIT ON THE SOUTH END OF THE PROPERTY - GAS IS  
 BLOWING - GAS CAN BE HEARD AND SMELLED - 2 INCH POLY LINE - 911 HAS BEEN  
 CONTACTED - ADVISED TO CALL VECTREN - CREW ON SITE - PREVIOUS TICKET NUMBER  
 1306054163  
 PER KEITH MINER---IF ANY QUESTIONS AT ALL PLEASE CALL KEITH MINER AT HIS CELL  
 317-442-6158  
 Will you be white-lining the dig site area? NO  
 :  
 Submitted date: 06/12/2013 Time: 14:29  
 Members: CV ID0002 ID0022 ID3003 ID4471 ID9450 SBCIN SM  
 -----  
 Email\_From: att-tickets@tickets.translore.com  
 Email\_Subject: ATT Translore - 1306122587  
 Email\_Sent\_Date: 2013-06-12 13:34:37 CDT  
 Email\_MessageID: <1371062077350.1715460362.TransLore.att-tickets@tickets.translore.com>  
 Email\_host: tickets5.811tickets.com  
 Email\_user: 811.in.att  
 Email\_To: 811.in.att@tickets.811tickets.com  
 Email\_ContentType: text/plain; charset=ISO-8859-1



Property of United States Infrastructure Corporation  
Photo taken on 6/12/2013 2:39:27 PM



Property of United States Infrastructure Corporation  
Photo taken on 6/12/2013 2:39:27 PM



Property of United States Infrastructure Corporation  
Photo taken on 6/12/2013 2:49:14 PM



Property of United States Infrastructure Corporation  
Photo taken on 6/12/2013 2:55:19 PM

# Service Order Status

**Enter Service Order Number:**

5687174



**Banner Instance:** CS03PROD CS01PROD CS02PROD

**Order Number:** N5687174

**Order Type:** LEAK

**Order Status:** Completed

**Customer:** 620825599 - PHASE 10 LLC

**Prem:** 5459087 - 7 MANOR DR

**Technician:** 5606 - Poore, Rusty

**Order Dates and Times**

**Need Date:** 6/12/2013 2:53:00 PM  
**Time Created:** 6/12/2013 2:40:10 PM  
**Time Dispatched:** 6/12/2013 2:40:10 PM  
**Time In Route:** 6/12/2013 2:44:18 PM  
**Time On-Site:** 6/12/2013 3:03:11 PM  
**Tech Complete:** 6/12/2013 3:55:25 PM  
**Time Closed:** 6/12/2013 3:55:25 PM

**Events Performed/Completion Code**

LKOT - CMP

**Meter Information**

**Current ReadStatus**

**Old Meter:** 9478 Active  
**New Meter:**

**Completion Notes**

\*\*CONTRACTOR CUT 2" PL MAIN, COMPANY CREW ONSITE UPON ARRIVAL, MAIN ALREADY SQUARED OFF, CREW ONSITE MAKING REPAIRS, LEFT OK, RPOORE

**Request Notes**

6/12/13- PER HENDRICKS CO FIRE DEPT- UNIT 1536-MANDY/ PH# 317-838-3712/ REQ VECTREN ASST FOR 2" RUPTURED LINE/ BLOWING/ X-RO- OLD FARM RD. KEITH MINER W/ K&M ESCAVATING ONSITE CONT# 317-442-6158.

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentManualAck_evt	6/12/2013 2:44:16 PM	Poore, Rusty
AsnAssignmentEnRoute_evt	6/12/2013 2:44:18 PM	Poore, Rusty
AsnAssignmentOnSite_evt	6/12/2013 3:03:11 PM	Poore, Rusty
OrdOrderComplete_evt	6/12/2013 3:55:25 PM	Poore, Rusty

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



**INFORMATION REQUEST**

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION - PIPELINE SAFETY DIVISION

**RECEIVED**

JUL 25 2013

INDIANA UTILITY  
REGULATORY COMMISSION

**Case Number:** 4921

**Date of Damage (month, day, year):** 6/12/2013

**Location of Damage:**

**Address (number and street):** 6 Manor Drive

**City, State and ZIP Code:** Danville, Indiana 46122

**Nearest Intersection:** Old US 36 (Main Street)

**Excavator Information:**

**Business Name:** K. A. Miner Excavating, Inc.

**Responsible Party Personal Name:** Keith A Miner

**Title (if any):** President.....Owner

**Address (number and street):** 3498 N St Rd 39 P. O. Box 16

**City, State and ZIP Code:** Danville, Indiana 46122

**Preferred Telephone Number (area code):** (317) 442-6158

**Email Address:** kaminerexc@aol.com

**Utility Information:**

**Utility Name:** Vectren

**Contact Person:** \_\_\_\_\_

**Title (if any):** \_\_\_\_\_

**Cause of Damage Information**

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Sewer (Sanitary/Storm)

Repair Cost: \$ 862.30

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

**Locate Information**

Excavator Request Locate:  Yes  No

Indiana 811 Locate Ticket Number: 1306054163

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

**Additional Information / Comments**

Printed Name: Keith A Miner

Signature: Keith A Miner

Date (month, day, year): 7/23/13

*\*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**