



Pipeline Safety Division Investigation Report

Investigation regarding: **Kellie Plumbing**

UPPAC Database Record ID: 4942

Report Date: 9/17/2013

Investigator: Mike Orr

Damage Date: 6/18/2013 10:45:47 AM

Damage Address: 1041 Barcelona Dr, Greenwood, Johnson

The Parties

Excavator: **Kellie Plumbing**

Address: 555 Industrial Drive, Franklin, In 46131

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Water

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 6

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$3449

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes
6/14/2013

Indiana 811 Ticket Number: 1306123055

Original Start Date:

Locate Instructions: LOCATE THE ENTIRE PROPERTY

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 7/29/2013. Excavator had a valid locate ticket; however, the gas operator self reported a failure to provide accurate locate markings of the main.

Conclusion: There was a failure to provide accurate 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 # 4942

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: Kelly Plumbing

Business address (number and street): 555 Industrial Drive

City, State, and ZIP code: Franklin, IN 46131

Telephone number (area code): 317-738-2707

Fax number (area code): 317-738-2243

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): 6-18-2013

County: Johnson

City: Greenwood

Street address (number and street, city, state, and ZIP code):
1041 Barcelona Drive, Greenwood, 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? 6

Time to restore service (in hours): 6

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 3,449.39

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: 1306123055

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? No

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? 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? 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: --Facility marking or location not sufficient

Additional Comments

4" plastic service damaged by hoe. Marked on wrong side of the side. > 24"



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE

\$3,449.39

USIC INC
9045 N RIVER ROAD, SUITE 300
INDIANAPOLIS, IN 46240

Type: GAS
Invoice: FDS0017964
BillToID: 33423
Billing Date: 7/12/2013
Date of Loss: 6/18/2013
5835 103.0509

Please return this portion with your remittance.



Mail Payment To:
Vectren Utilities Holdings Company
1239 Reliable Parkway
Chicago, IL 60686-0012
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5
Risk Management/Claims Department

USIC INC
9045 N RIVER ROAD, SUITE 300
INDIANAPOLIS, IN 46240

Type: GAS
Invoice: FDS0017964
BillToID: 33423
Billing Date: 7/12/2013
Date of Loss: 6/18/2013

NOW DUE

\$3,449.39

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 1041 BARCELONA DR, GREENWOOD
4" PLASTIC MAIN DAMAGED BY HOE. > 24"

Material:	\$100.48
Company Labor:	\$552.77
Contract Labor:	\$1,993.53
Transportation/Equipment:	\$116.82
Misc:	\$0.00
Gas Loss:	\$685.79
Adjustments:	\$0.00
Payments:	\$0.00
<hr/> Total:	\$3,449.39

5835 103.0509

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

MAXIMO #10015323

Vectren Corporation
Form 3112 (Rev.0711) (CIS 10/11)

Vectren Claim Number: _____

FDS 0017964

Task No: 103-0509 Capital / O & M (circle one)

Police Report / MO #: _____

Date of Damage 6/18/13

Cost Center # 5835

Time Occurred 10:20 am/pm

Time Found _____ am/pm

Latitude 39.60324 Longitude: -86.082050

FACILITIES DAMAGE REPORT GAS

Vectren Claims Camera:

VE03936
4

DAMAGE SITE:

Address 1041 Barcelona Dr Lot # _____

County Johnson City Greenwood State IN Township Pleasant

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 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 checked="" 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 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.124

TYPE OF MATERIAL:

- Cast Iron
- Plastic (HDPE)
- Plastic (MDPE)
- Steel
- Other _____

DAMAGE TYPE:

- Severed
- Not Cut
- Severed Punctured
- Size 1" x 1"

PRESSURE:

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

72.045

PROTECTION IN PLACE:

- Building Fence None
- Post Rail Vault N/A
- Other _____

DURATION OF ESCAPING GAS:

Minutes: 105

LEAK REPORT NUMBER:

EFV Activated Yes No N/S

FEED TYPE:

- One-Way Feed
- Two-Way Feed

Number of Customers Affected: 6
 Total Hours Service: 6
 Was Off: 6

SERVICE ORDER NUMBER: N5696197

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 Water

WORKING FOR:

- City County Developer
- State Property Owner
- Utility

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 Whiskers
- Locate Marking Faded: Yes No N/S
- Wrong Address Requested: Yes No N/S

6/19/13

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)

JUN 26 2013

- 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#): 7067

Name of Locator: _____

LOCATING ORGANIZATION:

- Contract Locator
- Unknown / Other
- Utility Owner

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

Locate Ticket: 1306123055

Date: _____ 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:

- IUPPS
- OUPS
- Unknown

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: Miller Pipeline
 # of Regular Hours: 6
 # of Overtime Hours: 1 1/2
 # of Regular Hours: _____
 Crew Type: Hourly

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: Kellie Plumbing
 Address: 555 Industrial Drive
 City/ State/ Zip: Franklin, IN 46131
 Phone: (317) 738-2707
 Prepared / Investigated By: J. Lien Date: 6.18.13

PARTY TO INVOICE:

Name: USIC
 Address: 9045 N. RIVER RD 5-300
 City/ State/ Zip: INDPLS, IN 46240
 Phone: _____
 Reviewed by Field Supervisor: _____ Date: 6/19/13

USIC MARKED MAIN ON WRONG SIDE OF STREET. MAIN IS ON SOUTH SIDE!

Ticket Portal Production

Ticket Text Photos

Ticket Text

ID7131 01245 IUPPSa 06/12/2013 15:36:43 1306123055-00A NORM NEW STRT
 NORMAL NOTICE
 Ticket : 1306123055 Date: 06/12/2013 Time: 15:30 Oper: LSTEVENSON Chan:018
 State: IN Cnty: JOHNSON Twp: PLEASANT
 Cityname: GREENWOOD Inside: Y Near: N
 Subdivision:
 Address : 1041
 Street : BARCELONA DR
 Cross 1 : MADRID RD Within 1/4 mile: Y
 Location: LOCATE THE ENTIRE PROPERTY
 ***Boring Where = UNDER THE YARD
 :
 Grids : 3936C8604A 3936D8604A
 Boundary: n 39.605241 s 39.603295 w -86.083170 e -86.079676
 Work type : REPLACE WATER LINE
 Done for : DONALD FARRIS
 Start date: 06/14/2013 Time: 15:45 Hours notice: 48/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N
 Duration : 1 DAY Depth: 4 FEET
 Company : KELLY PLUMBING Type: CONT
 Co addr : 555 INDUSTRIAL DRIVE
 City : FRANKLIN State: IN Zip: 46131
 Caller : ANNIE HAHN Phone: (317)738-2707
 Contact : KYLE MCDONALD OFFICE Phone:
 BestTime:
 Mobile : (317)738-2707
 Fax : (317)738-2243
 Email : ANNIEH@KELLIEPLUMBING.COM
 Remarks : All tickets are taken and processed on Eastern Daylight Time
 Will you be white-lining the dig site area? NO
 :
 Submitted date: 06/12/2013 Time: 15:30
 Members: ID0002 ID0270 ID1254 ID4378 ID5117 ID6921 ID7131 ID7288 SBCIN SM

 Email_From: irth@iupps.org
 Email_Subject: IUPPS ID7131 2013/06/12 #01245 1306123055-00A NORM NEW
 Email_Sent_Date: 2013-06-12 14:36:43 CDT
 Email_host: tickets7.811tickets.com
 Email_user: 811.in.oc-vvc
 Email_To: 811.in.oc-vvc@tickets.811tickets.com
 Email_ContentType: text/plain; charset=us-ascii

Ticket Portal Production

Ticket Text Photos

Ticket Text

ATTIN Seq: 615 Transmitted: Tue Jun 18 09:13:23 CDT 2013
 SBCIN 00611 IUPPSa 06/18/2013 10:11:48 1306181191-00A EMER DAMG STRT
 DAMAGE SEE REMARKS
 Ticket : 1306181191 Date: 06/18/2013 Time: 10:07 Oper: SFOX Chan:050
 State: IN Cnty: JOHNSON Twp: PLEASANT
 Cityname: GREENWOOD Inside: Y Near: N
 Subdivision:
 Address : 1041
 Street : BARCELONA DR
 Cross 1 : MADRID RD Within 1/4 mile: Y
 Location: LOCATE THE ENTIRE PROPERTY
 ***Boring Where = UNDER THE YARD
 :
 Grids : 3936C8604A 3936D8604A
 Boundary: n 39.605241 s 39.603295 w -86.083170 e -86.079676
 Work type : REPLACE WATER LINE
 Done for : DONALD FARRIS
 Start date: 06/18/2013 Time: 10:11 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y
 Duration : 1 DAY Depth: 4 FEET
 Company : KELLY PLUMBING Type: CONT
 Co addr : 555 INDUSTRIAL DRIVE
 City : FRANKLIN State: IN Zip: 46131
 Caller : ANNIE HAHN Phone: (317)738-2707
 Contact : KYLE MCDONALD OFFICE Phone:
 BestTime:
 Mobile : (317)738-2707
 Fax : (317)738-2243
 Email : ANNIEH@KELLIEPLUMBING.COM
 Remarks : All tickets are taken and processed on Eastern Daylight Time
 PER KYLE MCDONALD - A VECTREN OR REMC GAS MAIN WAS HIT ON THE FRONT OF THE
 PROPERTY RIGHT AT THE STREET - GAS LINE IS BLOWING - 1 INCH TO 2 INCH IN SIZE -
 UNKNOWN COLOR - UNKNOWN MATERIAL - CALLER HAS CALLED 911 - ADVISED CALLER TO
 CALL MEMBER UTILITIES - CREW IS ON SITE - PREVIOUS TICKET NUMBER IS 1306123055 -
 THANK YOU
 Will you be white-lining the dig site area? NO
 :
 Submitted date: 06/18/2013 Time: 10:07
 Members: ID0002 ID0270 ID1254 ID4378 ID5117 ID6921 ID7131 ID7288 SBCIN SM

 Email_From: att-tickets@tickets.translore.com
 Email_Subject: ATT Translore - 1306181191
 Email_Sent_Date: 2013-06-18 09:13:23 CDT
 Email_MessageID: <1371564803955.4720704.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 6/18/2013 12:04:08 PM



Property of United States Infrastructure Corporation
Photo taken on 6/18/2013 12:05:33 PM



Property of United States Infrastructure Corporation
Photo taken on 6/18/2013 12:07:26 PM

Service Order Status

Thursday, June 27, 2013

Enter Service Order Number:

5696197



Cancel Print Refresh Copy

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5696197
Order Type: LEAK
Order Status: Completed

Customer: 600679979 - FARRIS DONALD
Prem: 5361369 - 1041 BARCELONA DR

Technician: 3663 - McIntosh, Jim

Order Dates and Times

Need Date: 6/18/2013 10:22:00 AM
Time Created: 6/18/2013 10:13:06 AM
Time Dispatched: 6/18/2013 10:13:06 AM
Time In Route: 6/18/2013 10:16:22 AM
Time On-Site: 6/18/2013 10:54:12 AM
Tech Complete: 6/18/2013 12:08:29 PM
Time Closed: 6/18/2013 12:08:29 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter: 7801 **Active**
New Meter:

Completion Notes

cut 4"main, miller crew onsite to repair, 3663 arrived 1019am

Request Notes

PER GREENWOOD 911 HIT GAS LINE NEXT TO STREET...PH 317-888-8675...X/ST MADRID RD LOCATE # 130612305
 5/DAMAGE 1306181191HIT BY KYLE MCDONALD WITH KELLY PLUMBING HIT IN STREET/LINE BLOWING.

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	6/18/2013 10:13:19 AM	McIntosh, Jim
AsnAssignmentEnRoute_evt	6/18/2013 10:16:22 AM	McIntosh, Jim
AsnAssignmentOnSite_evt	6/18/2013 10:54:12 AM	McIntosh, Jim
OrdOrderComplete_evt	6/18/2013 12:08:29 PM	McIntosh, Jim

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

**INFORMATION REQUEST**

Slate Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED

JUL 29 2013

INDIANA UTILITY
REGULATORY COMMISSION**Case Number:** 4942 _____**Date of Damage** (*month, day, year*): 6/18/2013 _____**Location of Damage:**Address (*number and street*): 1041 Barcelona Dr _____

City, State and ZIP Code: Greenwood, IN 46142 _____

Nearest Intersection: Madrid Rd _____

Excavator Information:

Business Name: Kellie Plumbing, Inc _____

Responsible Party Personal Name: Kyle McDonald _____

Title (*if any*): PC11100097 Plumbing Contractor _____Address (*number and street*): 555 Industrial Dr _____

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

Preferred Telephone Number (area code): 317-738-2707 _____

Email Address: annieh@kellieplumbing.com _____

Utility Information:

Utility Name: Vectren _____

Contact Person: Unknown _____

Title (*if any*): _____

Cause of Damage Information

Type of Equipment (*select one*):

Type of Work Performed (*select one*):

Repair Cost: \$ Unknown

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: 1306123055

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

Due to utility located being improperly marked, our excavation crew hit and damaged a 4" underground natural gas main owned by Vectren. Upon damage, the job site was immediately shut down and the area was evacuated. Vectren and Miller Pipe crews were dispatched to make repairs. A copy of the invoice from Kellie Plumbing to USIC seeking compensation for the work time lost that day has been included.

Printed Name: Kyle McDonald

Signature: _____ Date (month, day, year): 7/22/13

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

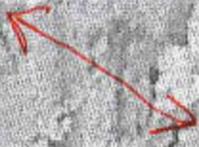
Please return completed form to:

PipelineDamageCase@urc.in.gov

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**



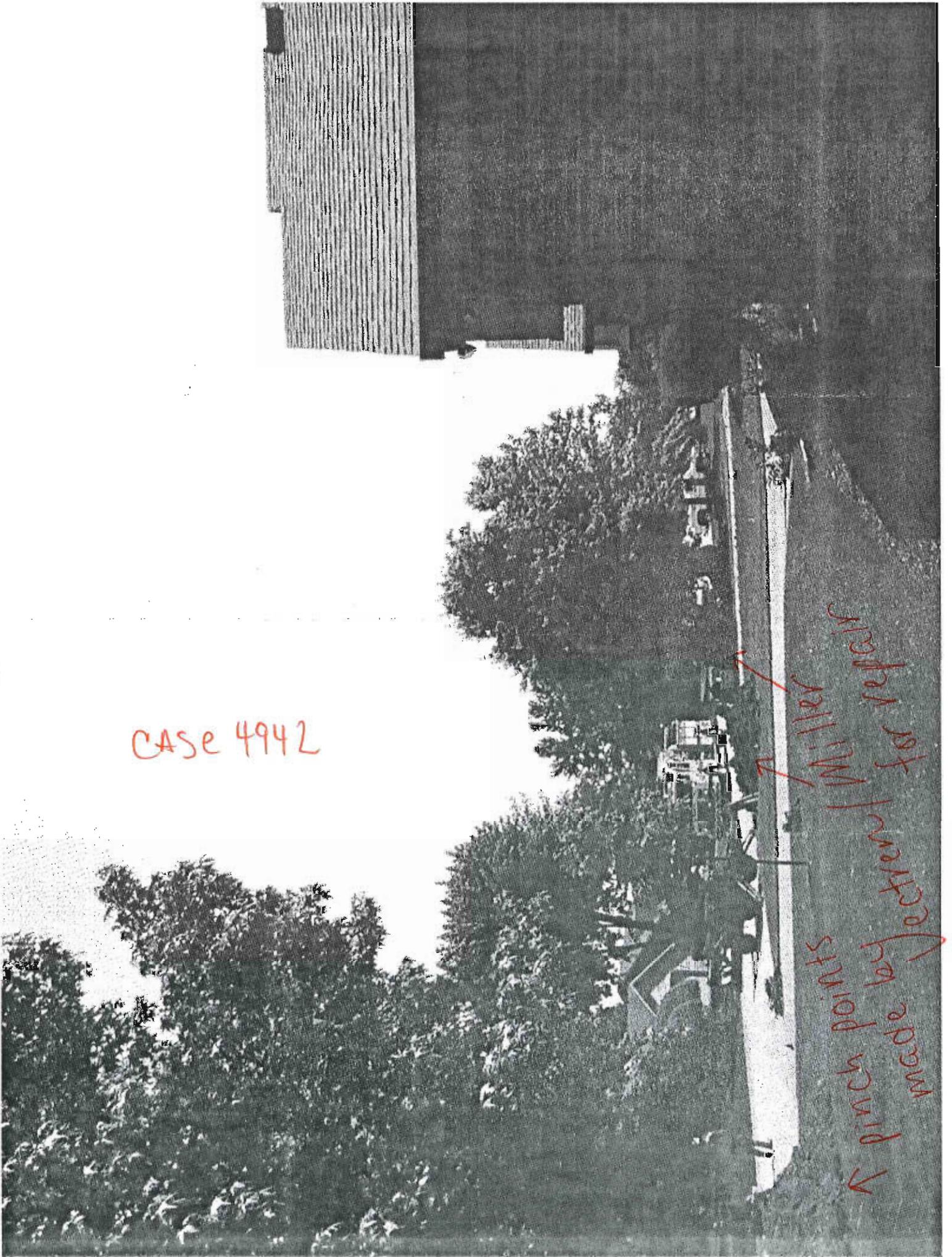
point of damage



Actual gas main in relation to meter

CASE 4942

CASE 4942



pinch points
made by
Cetron / Miller
for repair

Flag indicating service



Arrow indicating
main across street

meter

Case 4942

Kellie Plumbing, Inc.
 555 Industrial Drive
 Franklin, IN 46131



Invoice No.	209129
Page	1

B I L L T O	USIC	S I T E	DONALD FARRIS
	9045 RIVER RD		1041 BARCELONA DR
	SUITE 300		GREENWOOD IN 46143
	INDIANAPOLIS IN 46240		

Invoice Date	Invoice No.	Customer No.	Payment Terms	Contract No.
06/19/13	209129	USI001	NET 30 DAYS	

Ticket #	Qty	Unit Meas	Description	Unit Price	Extended Price
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W/O # - B30619006

DUE TO UTILITY LOCATES BEING IMPROPERLY MARKED, OUR EXCAVATION CREW HIT AND DAMAGED A 4" UNDERGROUND NATURAL GAS MAIN OWNED BY VECTREN. JOBSITE WAS IMMEDIATELY SHUT DOWN AND OUR 2 MAN CREW WAS UNABLE TO PROCEED FOR 5 HOURS WHILE VECTREN AND MILLER PIPE CREWS WERE DISPATCHED AND MADE REPAIRS TO THE MAIN. LOCATE TICKET NUMBER 1306123055 WAS CALLED IN AS AN ENTIRE PROPERTY LOCATE AND CLEARED ON 6/14/13 AT 3:45 P.M.

B30619006	5.00	HR	KYLE MCDONALD	155.00	775.00
	5.00	HR	LABOR	155.00	775.00

CASE 4942

A finance charge of 18% APR will be charged to past due accounts. Accounts over 60 days may be subject to collection fees, legal and court costs.

For questions concerning your bill or the work performed, please call 881-9316 or 738-2707.

Thank you for allowing us to serve you.

Gross	Tax	Net Amount
1,550.00	.00	1,550.00