



Pipeline Safety Division Investigation Report

Investigation regarding: James Goble

UPPAC Database Record ID: 5091

Report Date: 9/23/2013

Investigator: Mike Orr

Damage Date: 7/16/2013 10:01:41 AM

Damage Address: 604 William St, Dallas, Huntington

The Parties

Excavator: **James Goble**

Address: 620 Cline Street, Huntington, In

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Grader/Scraper

Type of Work Performed: Driveway

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$417

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number: Original Start Date:

Locate Instructions: LOCATE BEHIND THE HOUSE - IN BETWEEN THE BARN AND THE HOUSE

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator has not responded to initial notice mailed 8/6/2013. Excavator failed to provide notice of excavation to the association (IN811).

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

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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY

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

INITIAL DOCUMENTS -
OPERATOR

CASE # 5091

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: James Goble

Business address (number and street): 620 Cline Street

City, State, and ZIP code: Huntington, IN 46750

Telephone number (area code): 260-224-1051

Fax number (area code): Unknown

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Grader/Scraper

Type of work performed: Driveway

Date and Location of Damage

Date of damage (month, day, year): 7-16-2013

County: Huntington

City: Huntington

Street address (number and street, city, state, and ZIP code):
604 William Street, Huntington, IN

Nearest intersection: Unknown

Right of way where damage occurred: Public - Other

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): 24

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 417.09

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? No

Enter Indiana 811 ticket number, if known: None

Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Data Not Collected

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

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? No

Type of markings used: Other

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? 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: --No notification made to the one-call center

Additional Comments

1" plastic service severed by bobcat. Did not request locates until after damage occurred.

WO # 10238096

FDS 0018092

Task No: 103,0510 Capital (O & M) (circle one)
Date of Damage 7/16/2013
Cost Center # 5742
Time Occurred 8:20 (am/pm)
Time Found 8:28 (am/pm)
Latitude 40.877130 Longitude: -85.498390

Vectren Claim Number: VE02825
Police Report /MO #: _____

FACILITIES DAMAGE REPORT

GAS

Vectren Claims Camera:

VE02825
4

DAMAGE SITE:
Address 604 WILLIAM ST. Lot # _____
County HUNTINGTON City HUNTINGTON State IN Township HUNTINGTON

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"/>
	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: *7/16/13*
Visual Observation: Above Ground Below Ground
Locate Applicable Yes No N/S
Facilities Properly Marked Yes No N/S
Marking Methods: Conventional Flags None Stakes Whiskers
 Offset Paint
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)

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

TYPE OF MATERIAL: **DAMAGE TYPE:** **PRESSURE:**
 Cast Iron Severed 25 PSIG
 Plastic (HDPE) Not Cut 40 PSIG
 Plastic (MDPE) Severed 50 PSIG
 Steel Size _____ x _____ 55 PSIG
 Other _____ 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: 10

LEAK REPORT NUMBER: _____

EFV Activated Yes No N/S

Observation by (ID#): _____

FEED TYPE:
 One-Way Feed
 Two-Way Feed

Number of Customers Affected: 1
Total Hours Service Was Off: 24

Name of Locator: _____

LOCATING ORGANIZATION:
 Contract Locator
 Unknown / Other
 Utility Owner

SERVICE ORDER NUMBER: N5732550

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: *DMG 1307/6/10/72 10:01am*

Locate Ticket: 1307161045

Date: 7/16 Time: 10:01 am 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

WORKING FOR:
 City County Developer
 State Property Owner
 Utility

Vectren Claim Number: VE02825

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 BOBBAY

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 _____

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

"NO LOCATES REQUESTED."

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

DAMAGING PARTY:

Name: JAMES GOBLE

Address: 620 CLINE ST.

City/ State/ Zip: HUNTINGTON, IN, 46750

Phone: (260) 224-1051

Mike Wil 7-16-2013

Prepared / Investigated By: _____ Date: _____

PARTY TO INVOICE:

Name: JAMES GOBLE

Address: 620 CLINE ST.

City/ State/ Zip: HUNTINGTON, IN, 46750

Phone: (260) 224-1051

Benny W. [Signature] 1-11-13

Reviewed by Field Supervisor: _____ Date: _____

CONTRACTOR MAY ARGUE THAT THE SERVICE WAS TOO SHALLOW. AT ONE SPOT THE LINE IS ONLY 12" DEEP, BUT OUR RECORDS INDICATE THAT AT THE TIME OF INSTALLATION THE LINE WAS ORIGINALLY INSTALLED AT A DEPTH OF 18". IT IS ALSO EASY TO SEE THAT THE PROPERTY OWNER MIGHT HAVE PREVIOUSLY DID SOME LANDSCAPING THAT DECREASED THE COVER DEPTH.

Benny

Service Order Status

Enter Service Order Number:

5732550



[View Item](#) [Refresh Data](#)

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5732550
Order Type: INVE
Order Status: Completed

Customer: 600328195 - HUNTINGTON COUNTY HABITAT FOR
Prem: 5073165 - 604 WILLIAM ST

Technician: 2130 - Vice, Mike

Order Dates and Times

Need Date: 7/16/2013 8:34:00 AM
Time Created: 7/16/2013 8:32:19 AM
Time Dispatched: 7/16/2013 8:32:20 AM
Time In Route: 7/16/2013 11:45:30 AM
Time On-Site: 7/16/2013 11:51:15 AM
Tech Complete: 7/16/2013 12:00:04 PM
Time Closed: 7/16/2013 12:00:04 PM

Events Performed/Completion Code

IVEG - CMP

Meter Information

Current ReadStatus

Old Meter:
New Meter:

Completion Notes

MIKE VICE,RD.783.MADE SAFE AT 8:40 AM.CONTR. HIT & CUT 1" IPS PLASTIC SERVICE.NO LOCATE REQUESTED.REPAIRED BY INSTALLING 1" IPS LYCO DEAD END CAP.ALL OTHER TEST S WERE NEG.ONSITE 8:32 AM. COMPLETED AT 10:45 AM.

Request Notes

PER JAN CUNNINGHAM/PH 260 356 7110 REPORTING FIRE DEPT ON SITE FOR HIT LINE/NOOTHER INFO AVAIL/XST: FOUNTAIN & MONROE/NEED ETA

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentEnRoute_evt	7/16/2013 8:32:34 AM	Vice, Mike
AsnAssignmentManualAck_evt	7/16/2013 8:32:38 AM	Vice, Mike
AsnAssignmentOnSite_evt	7/16/2013 8:32:48 AM	Vice, Mike
OrdOrderSuspend_evt	7/16/2013 10:47:11 AM	Vice, Mike
AsnAssignmentEnRoute_evt	7/16/2013 11:45:30 AM	Vice, Mike
AsnAssignmentOnSite_evt	7/16/2013 11:51:15 AM	Vice, Mike
OrdOrderComplete_evt	7/16/2013 12:00:04 PM	Vice, Mike

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

Ticket Portal Production

Ticket Text Photos

Ticket Text

ATTIN Seq: 618 Transmitted: Tue Jul 16 09:04:13 CDT 2013
 SBCIN 00602 IUPPSa 07/16/2013 10:01:47 1307161072-00A EMER DAMG GRID
 DAMAGE SEE REMARKS
 Ticket : 1307161072 Date: 07/16/2013 Time: 10:00 Oper: ALYKINS Chan:074
 State: IN Cnty: HUNTINGTON Twp: DALLAS
 Cityname: HUNTINGTON Inside: Y Near: N
 Subdivision:
 Address : 604
 Street : WILLIAM ST
 Cross 1 : LAFONTAINE ST Within 1/4 mile: Y
 Location: LOCATE BEHIND THE HOUSE - IN BETWEEN THE BARN AND THE HOUSE
 :
 Grids : 4052A8529A 4052A8529B 4052A8530D 4052B8529A 4052B8529B
 Grids : 4052B8530D 4052C8529A 4052C8529B 4052C8530D
 Boundary: n 40.879237 s 40.874763 w -85.502037 e -85.494765
 Work type : GRADING
 Done for : RANDALL TACKETT
 Start date: 07/16/2013 Time: 10:00 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 1 DAY Depth: UNKNOWN
 Company : JAMES GOBLE Type: CONT
 Co addr :
 City : HUNTINGTON State: IN
 Caller : JAMES GOBLE Phone: (260)224-1051
 Contact : JAMES GOBLE - CELL Phone:
 BestTime:
 Mobile : (260)224-1051
 Remarks : All tickets are taken and processed on Eastern Daylight Time
 A VECTREN GAS LINE HAS BEEN HIT AND IS SHUT OFF BEHIND THE HOUSE APPROX 7 FEET
 FROM THE HOUSE - PLASTIC LINE - APPROX 1 INCH - PINKISH IN COLOR - CALLER DID
 CALL 911 AND VECTREN TO REPORT THE DAMAGE - NO PREVIOUS TICKET NUMBER
 Will you be white-lining the dig site area? NO
 :
 Submitted date: 07/16/2013 Time: 10:00
 Members: CC ID0002 ID1400 ID1683 ID4752 ID6671 SBCIN SM

 Email_From: att-tickets@tickets.translore.com
 Email_Subject: ATT Translore - 1307161072
 Email_Sent_Date: 2013-07-16 09:04:13 CDT
 Email_MessageID: <1373983453970.1792810938.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