



Pipeline Safety Division Investigation Report

Investigation regarding: Tecton Construction Management

UPPAC Database Record ID: 5149

Report Date: 11/13/13

Investigator: Mike Orr

Damage Date: 6/10/2013
Tippecanoe

Damage Address: 1300 W. Stadium, W. Lafayette, In, W.lafayette,

The Parties

Excavator: **Tecton Construction Management**

Address: 102 N. 3rd Street, Suite 201, Lafayette, In 47901

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Liquid Pipeline

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Curb / Sidewalk

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$893

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number:

Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas service while performing curb/sidewalk work.

Findings: Reported by Darlene Kulhanek; excavator's response to initial notice was received on 10/3/2013. Although the service line had been embedded in the concrete, the fact remains that the 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

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: Tecton Construction Management

Business address (number and street): 102 N 3rd Street, Suite 201

City, State, and ZIP code: Lafayette, IN 47901

Telephone number (area code): 765-479-1788

Fax number (area code): Unknown

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Curb/Sidewalk

Date and Location of Damage

Date of damage (*month, day, year*): 6-10-2013

County: Tippecanoe

City: W. Lafayette

Street address (*number and street, city, state, and ZIP code*):
1300 W Stadium, W Lafayette, 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*): 3

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 892.74

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: _____

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? 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? 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 damaged by jackhammer/bobcat. Did not request locates-gas service was embedded in concrete steps.

Locate # 13061683481

FDS 0017906

Task No: 103.0510 Capital / O & M (circle one)
Date of Damage 6-1-10-13
Cost Center # 5955
Time Occurred ? am / pm
Time Found 2:04 am / pm

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

FACILITIES DAMAGE REPORT

Vectren Claims Camera:
VE02284
4

GAS

DAMAGE SITE:
Address 1300 W STADIUM Lot # _____
County TIPPECANOE City W LAF State IN Township WABASH

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: 6/10/13

Visual Observation: Above Ground Below Ground

Locate Applicable: Yes No N/S

Facilities Properly Marked: Yes No N/S

Marking Methods: Conventional Flags None
 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

DAMAGE TYPE: Severed Not Cut Severed

Size _____ x _____

PRESSURE:

25 PSIG 40 PSIG 50 PSIG 55 PSIG 60 PSIG

6 WC (.2163) 7 WC (252) Other _____

24.395

PROTECTION IN PLACE:

Building Fence N/A None

Post Rail Vault N/A

Other _____

DURATION OF ESCAPING GAS:

Minutes: 30

LEAK REPORT NUMBER: 10137033

EFV Activated Yes No N/S

FEED TYPE:

One-Way Feed Two-Way Feed

Number of Customers Affected: 1

Total Hours Service Was Off: 3

SERVICE ORDER NUMBER: 5682810

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#): [Signature]

Name of Locator: ?

LOCATING ORGANIZATION:

Contract Locator

Unknown / Other

Utility Owner

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: _____

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

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 *Jack Hammer and Bob Cat*

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

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: *Toston Construction*
 Address: *102 N 3RD St Ste 201*
 City/ State/ Zip: *Jop Mo 647901*
 Phone: *(765) 429-5232*
 Prepared / Investigated By: *Gary Shelby* Date: *6-10-13*

PARTY TO INVOICE:
 Name: *NA*
 Address: _____
 City/ State/ Zip: _____
 Phone: _____
 Reviewed by Field Supervisor: *B. Hall* Date: *6/11/13*

Do Not Bill

* The existing service was ~~bar~~ buried under the steps to this house. Contractor was removing steps to install new ones. We relocated ~~the~~ the service around the steps.

B. Hall
6/12/13

Wednesday, July 24, 2013

Service Order Status

Enter Service Order Number:

5682810



[Close Form](#) [Refresh Data](#)

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5682810
Order Type: LEAK
Order Status: Completed

Customer: 600176484 - DELTA UPSILON
Prem: 5223934 - 1300 W STADIUM ST

Technician: 2375 - Shirley, Gary

Order Dates and Times

Need Date: 6/10/2013 1:57:00 PM
Time Created: 6/10/2013 1:54:49 PM
Time Dispatched: 6/10/2013 1:54:49 PM
Time In Route: 6/10/2013 2:05:03 PM
Time On-Site: 6/10/2013 2:05:05 PM
Tech Complete: 6/10/2013 4:55:54 PM
Time Closed: 6/10/2013 4:55:54 PM

Events Performed/Completion Code

LKIN - CMP

Meter Information

Current ReadStatus

Old Meter: 65453 Active
New Meter:

Completion Notes

COR READ 65453, UNCOR READ 60190, FOUND CUT 1" SERVICE, CALLED FOR CREW, I SQUEEZED OFF, CREW MADE REPAIR'S, ATMO'S, T/O, REGIST, ATMO'S, LEFT ALL APPLIANCE'S OFF, FRAT HOUSE SHUT DOWN FOR SUMMER, G SHIRLEY

Request Notes

PER CHARLIE GAULT WITH TECH TON CONSTRUCTION MANGMENT...THEY WERE PULLING CONCRETE WHERE STEPS ARE CUT GAS LINE IN THE CONRETELINES WERE MARK..CELL 765-479-1788...X/ST

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	6/10/2013 1:56:46 PM	Shirley, Gary
AsnAssignmentEnRoute_evt	6/10/2013 2:05:03 PM	Shirley, Gary
AsnAssignmentOnSite_evt	6/10/2013 2:05:05 PM	Shirley, Gary
OrdOrderComplete_evt	6/10/2013 4:55:54 PM	Shirley, Gary

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

Initial Documents - Excavator

RECEIVED

SEP 24 2013

Case Number: 5149

Date of Damage (month, day, year): 6/10/2013

INDIANA UTILITY
REGULATORY COMMISSION

Location of Damage:

Address (number and street): 1300 W. Stadium

City, State and ZIP Code: West Lafayette, IN 47906

Nearest Intersection: Martin Jische Drive

Excavator Information:

Business Name: Tecton Construction Management, Inc.

Responsible Party Personal Name: Charlie Gault

Title (if any): Project Manager

Address (number and street): 102 N. 3rd St Suite 201

City, State and ZIP Code: Lafayette, IN

Preferred Telephone Number (area code): 765 - 429 - 5232

Email Address: c.gault@tectoncm.com

Utility Information:

Utility Name: Vectren

Contact Person: _____

Title (if any): _____

Cause of Damage Information

Type of Equipment (select one):

Jack hammer

Type of Work Performed (select one):

Drive way

Repair Cost: \$ 892.74

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: _____

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

Case # 5149

INITIAL Documents - EXCAVATOR

Additional Information / Comments

Please see attached sheet.

Printed Name: Charlie Gault

Signature: Charlie Gault 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

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 # 5149

INITIAL DOCUMENTS - EXCAVATOR

Delta Upsilon – Additional Information/Comments

This project consisted of removing an existing dumpster pad and the asphalt in front of the dumpster pad and replacing with concrete. The asphalt was rutted from the weight of the large garbage truck. The asphalt was only about 3"-4" thick.

The bottom concrete step was broken up and damaged as well so we decided to remove and replace it to make it safer, make the area look better and to match the new concrete.

While demoing the bottom tread of the step, we hit the gas line with a jack hammer. It was only 6"-8" deep in the concrete as the pictures indicate.

Although I did not call in to get locates, the area had been located and marked. There was work being done on the lot next door and when they did locates on that lot they located lines on ours as well. You can see the locate lines in the pictures.

I knew the gas line was there. I suspected it was under the step, not in the step 6"-8" below the top of the concrete. The gas line should never have been run through the concrete. The gas line should have been a minimum of 2' below grade and not in the concrete. There was no way to avoid hitting the gas line where it was located. I always call 811 before doing excavation work. I did not call this time as I didn't think it was required in this instance to replace some asphalt because I was not lowering the grade or digging anywhere. I was simply removing a small area of asphalt in order to pour concrete.

Case # 5149

Initial Documents - Excavator



Case # 5149

Initial Documents - Excavator



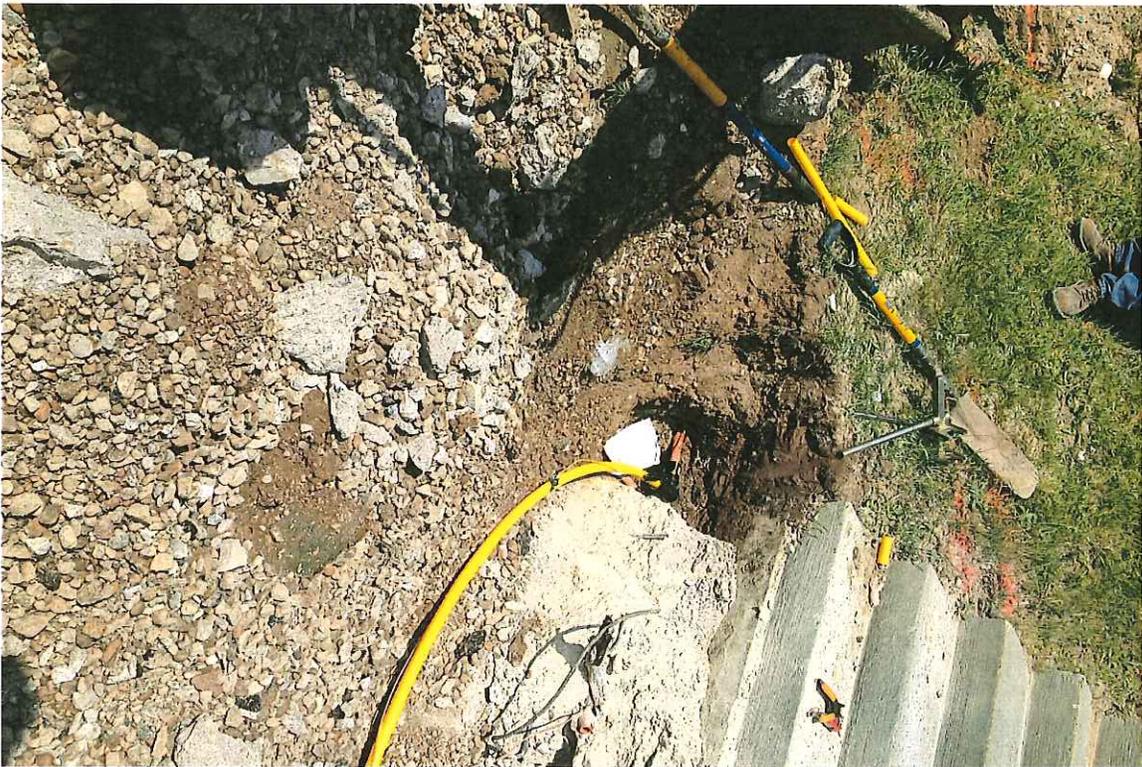
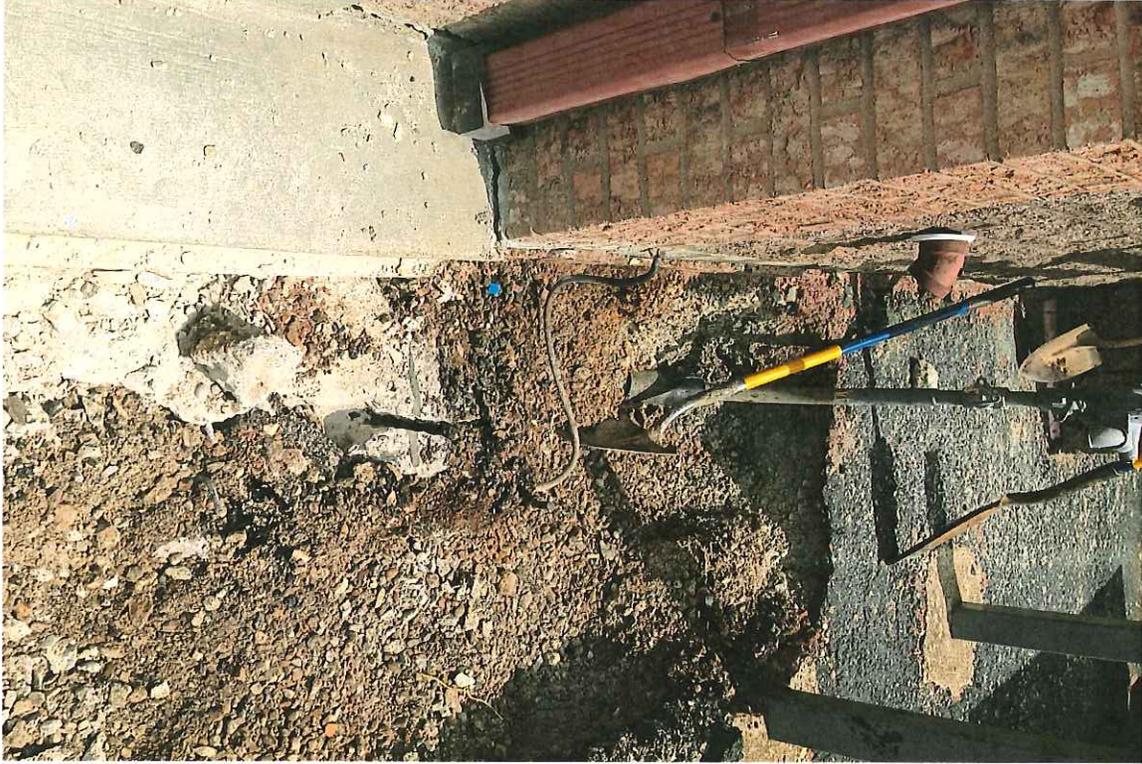
Case # 5149

Initial Documents - Excavator



Case # 5149

Initial Documents - Excavator



Case # 5149

Initial Documents - Excavator

