



Pipeline Safety Division Investigation Report

Investigation regarding: TSI Paving

UPPAC Database Record ID: 5155

Report Date: 12/8/2013

Investigator: Mike Orr

Damage Date: 7/12/2013
Floyd

Damage Address: 1737 Culbertson Ave, New Albany, In, New Albany,

The Parties

Excavator: **TSI Paving**

Address: Po Box 1540, New Albany, In 47150

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

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): \$650

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes

Indiana 811 Ticket Number: 1307030194

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 9/27/2013. The excavator had a valid locate ticket and the gas operator provided accurate facility markings. Excavator reported a concrete form pin damaged facility; however, the gas operator reported a backhoe caused the damage. Investigation shows, with accurate markings, there was failure to plan excavation to avoid facility damage.

Conclusion: There was a failure to plan excavation to avoid facility damage.

Violation: IC 8-1-26-20(a)(1) Failure to plan excavation to avoid damage or interference with underground facilities.



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: TSI Paving

Business address (number and street): PO Box 1540

City, State, and ZIP code: New Albany, IN 47150

Telephone number (area code): 812-948-6691

Fax number (area code): 812-948-0266

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*): 7-12-2013

County: Floyd

City: New Albany

Street address (*number and street, city, state, and ZIP code*):
1737 Culbertson Ave., New Albany, IN

Nearest intersection: Unknown

Right of way where damage occurred: Public - City Street

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*): 1.5

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 650

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? Yes

Enter Indiana 811 ticket number, if known: 1307030194

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? 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: --Failure to use hand tools where required

Additional Comments

1/2" plastic service severed by hoe. Not hand exposed.

Vectren Claim Number: _____

FDS 0018072

Task No: 103,0510 Capital O & M (circle one)

Police Report / MO #: _____

Date of Damage 7/12/13

Cost Center # 5900 Clarksville

FACILITIES DAMAGE REPORT

GAS

Vectren Claims Camera:

VE03506
4

Time Occurred 9:45 am / pm

Time Found 9:50 am / pm

Latitude 3829639 Longitude: -08580795

DAMAGE SITE:

Address 1737 Culbertson Ave Lot # _____

County Floyd City New Albany State IN Township _____

FACILITY TYPE:

- Distribution
- Service
- Transmission: (include supplemental report)
- Propane
- Storage

FACILITIES DAMAGED:

	ORIFICE SIZE(S):	(1)	(2)	(3)
<input type="checkbox"/> Farm Tap	0.50 inch	<input checked="" 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 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			

660

TYPE OF MATERIAL:

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

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 _____

3.356

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

7/16/13

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)

JUL 17 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

PROTECTION IN PLACE:

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

DURATION OF ESCAPING GAS:

Minutes: 5 Min

LEAK REPORT

NUMBER: _____

EFV Activated Yes No N/S

Number of Customers Affected: 1

Total Hours Service Was Off: 1 1/2

Observation by (ID#): _____

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 _____

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

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: 2-hrs 6 MAD hrs
 # of Overtime Hours: _____
 # 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.)

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

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

DAMAGING PARTY:

Name: TSI
 Address: _____
 City/ State/ Zip: _____
 Phone: (_____) _____
 Prepared / Investigated By: _____ Date: _____

PARTY TO INVOICE:

Name: _____
 Address: _____
 City/ State/ Zip: _____
 Phone: (_____) _____
 Reviewed by Field Supervisor: _____ Date: _____

Ticket Portal Production

Ticket Text Photos

Ticket Text

ATTIN Seq: 128 Transmitted: Wed Jul 03 06:50:21 CDT 2013
 SBCIN 00125 IUPPSa 07/03/2013 07:48:44 1307030194-00A NORM NEW GRID
 NORMAL NOTICE JOB EXTENSION
 Ticket : 1307030194 Date: 07/03/2013 Time: 07:47 Oper: ALYKINS Chan:074
 Old Tkt: 1306191834 Date: 06/19/2013 Time: 11:30 Oper: ALOUIE Rev: 00A
 State: IN Cnty: FLOYD Twp: NEW ALBANY
 Cityname: NEW ALBANY Inside: Y Near: N
 Subdivision:
 Address :
 Street : CULBERTSON AVE
 Cross 1 : THOMAS ST Within 1/4 mile: Y
 Location: FROM THE ABOVE INTERSECTION LOCATE GOING SOUTHWEST ON CULBERTSON
 AVENUE---SOUTHSIDE OF THE ROAD---ENDING AT VINCENNES STREET
 :
 Grids : 3817A8548B 3817A8548C 3817B8548B 3817B8548C
 Boundary: n 38.298090 s 38.294859 w -85.810289 e -85.805191
 Work type : REPLACE SIDEWALK
 Done for : CITY OF NEW ALBANY
 Start date: 07/08/2013 Time: 08:00 Hours notice: 120/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 1 MONTH Depth: 4 FEET
 Company : T S I PAVING Type: CONT
 Co addr : PO BOX 1540
 City : NEW ALBANY State: IN Zip: 47150
 Caller : SUSAN AYDLETT Phone: (812)948-6691
 Contact : TREVES LANHAM---CELL Phone:
 BestTime:
 Mobile : (502)468-7255
 Fax : (812)948-0266
 Email : SUSANAYDLETT@ATT.NET
 Remarks : All tickets are taken and processed on Eastern Daylight Time
 Will you be white-lining the dig site area? NO
 :
 Submitted date: 07/03/2013 Time: 07:47
 Members: ID0002 ID0340 ID5321 ID8203 ID8401 SBCIN SM

 Email_From: att-tickets@tickets.translore.com
 Email_Subject: ATT Translore - 1307030194
 Email_Sent_Date: 2013-07-03 06:50:21 CDT
 Email_MessageID: <1372852221470.86692751.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

Service Order Status

Enter Service Order Number:

5728410



Clear Form

Refresh Data

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5728410

Order Type: LEAK

Order Status: Completed

Customer: 600299837 - BADGER ERNEST E
Prem: 5200453 - 1740 CULBERTSON AVE

Technician: 1988 - Kerber, Steve

Order Dates and Times

Need Date: 7/12/2013 9:41:00 AM
Time Created: 7/12/2013 9:40:56 AM
Time Dispatched: 7/12/2013 9:40:56 AM
Time In Route: 7/12/2013 9:42:47 AM
Time On-Site: 7/12/2013 9:45:40 AM
Tech Complete: 7/12/2013 10:56:20 AM
Time Closed: 7/12/2013 10:56:20 AM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter: 0000 Active
New Meter:

Completion Notes

WRONG ADDRESS 1737 CORRECTED ADDRESS

Request Notes

HIT BLOWING PLASTIC GAS LINE PER SUSAN AYDLETT 812-948-6691 W TSI PAVING...LOCATES WERE DONE ...TRAV IS LANNUM ONSITE 502-468-7255 CE...THERE WHEN WE GETTHERE..AT ROAD ON CURB..XST VINCENNES...LOC #'S 1307030191, 93 AND 94

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	7/12/2013 9:41:25 AM	Kerber, Steve
AsnAssignmentEnRoute_evt	7/12/2013 9:42:47 AM	Kerber, Steve
AsnAssignmentOnSite_evt	7/12/2013 9:45:40 AM	Kerber, Steve
OrdOrderComplete_evt	7/12/2013 10:56:20 AM	Kerber, Steve

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

Service Order Status

Enter Service Order Number:

5728497



Clear Form

Refresh Data

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5728497
Order Type: LEAK
Order Status: Completed

Customer: 600361120 - PRECISION PROPERTY MANAGEMENT
Prem: 5311409 - 1737 CULBERTSON AVE

Technician: 1988 - Kerber, Steve

Order Dates and Times

Need Date: 7/12/2013 10:30:00 AM
Time Created: 7/12/2013 10:29:52 AM
Time Dispatched: 7/12/2013 10:29:52 AM
Time In Route: 7/12/2013 10:56:38 AM
Time On-Site: 7/12/2013 10:56:41 AM
Tech Complete: 7/12/2013 11:13:11 AM
Time Closed: 7/12/2013 11:13:11 AM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current Read Status
Old Meter: 0000 Inactive
New Meter:

Completion Notes

CONTRACTOR HIT 1" PL SERVICE S/O CGA CREW ONSITE FOR REPAIR LEFT CALL
 ARD FOR T/O

Request Notes

07/12/13 CORRECTED ORDER FOR HIT LINE PER SUSAN AYDLETT AT 812-948-6691 WITH TSI PAVING...REPLACES S
 .O. 5728410...ASSIGN TO STEVE KERBER ON SITE

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	7/12/2013 10:30:05 AM	Kerber, Steve
AsnAssignmentEnRoute_evt	7/12/2013 10:56:38 AM	Kerber, Steve
AsnAssignmentOnSite_evt	7/12/2013 10:56:41 AM	Kerber, Steve
OrdOrderComplete_evt	7/12/2013 11:13:11 AM	Kerber, Steve

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



Property of United States Infrastructure Corporation
Photo taken on 7/12/2013 10:42:49 AM



Property of United States Infrastructure Corporation
Photo taken on 7/12/2013 10:42:55 AM

**INFORMATION REQUEST**

State Form 54909 (R / 3-13)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

RECEIVED

SEP 27 2013

INDIANA UTILITY
REGULATORY COMMISSION

Case Number: 5155 _____

Date of Damage (month, day, year): 7/12/2013 _____

Location of Damage:

Address (number and street): 1737 Culbertson Ave. _____

City, State and ZIP Code: New Albany, IN 47150 _____

Nearest Intersection: Charlestown Rd. _____

Excavator Information:

Business Name: TSI Paving _____

Responsible Party Personal Name: Amilca Alva _____

Title (if any): Concrete Former/Laborer _____

Address (number and street): 7515 Garrison Rd. Apt 2 _____

City, State and ZIP Code: Louisville, KY 40214 _____

Preferred Telephone Number (area code): 502-717-6001 _____

Email Address: amilcarescobedo@yahoo.com _____

Utility Information:

Utility Name: Vectren _____

Contact Person: _____

Title (if any): _____

Cause of Damage Information

Type of Equipment (*select one*):

Hand Tools

Type of Work Performed (*select one*):

Curb/Sidewalk

Repair Cost: \$ 747.91

- 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: 1307183444
- 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

While forming a sidewalk, employee was nailing a pin with a hammer and hit line.

Photos attached.

Printed Name: Maria Triplett

Signature: Maria Triplett Date (month, day, year): 09/24/13

**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 5155
101 West Washington Street, 1500E
Indianapolis, IN 46204**

**Or fax to:
317-233-2410**





