



Pipeline Safety Division Investigation Report

Investigation regarding: Case Construction

UPPAC Database Record ID: 5181

Report Date: 11/18/2013

Investigator: Mike Orr

Damage Date: 7/25/2013 8:18:17 AM

Damage Address: 1456 Chestnut St, Columbus, Bartholomew

The Parties

Excavator: **Case Construction**

Address: 4004 W Willoughby Drive, Edinburgh, In 46124

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Type of Equipment: Probing Device

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): \$

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes
7/16/2013

Indiana 811 Ticket Number: 1307120490

Original Start Date:

Locate Instructions: LOCATE PREVIOUSLY PAINTED SIDEWALK FROM 1456 TO 1466-- PLEASE PAINT

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 9/27/2013. The excavator had a valid locate ticket and reported the gas operator provided accurate facility markings; however, the excavator failed to maintain required clearance from the gas facility when driving a concrete pin. Only the excavator data was used for the investigation.

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

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

#5181



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION
State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

RECEIVED

SEP 27 2013

Submitted to IURC-Pipeline Safety on: 9/24/13

INDIANA UTILITY
REGULATORY COMMISSION

Who is submitting this information?

Name of person providing this information: Jesse Smith
Business address (number and street): 4004 W WILLOUGHBY DR.
City, State, and ZIP code: EDINBURGH, IN. 46124
Telephone number (area code): 812-526-5525
Fax number (area code): 812-526-5670
E-mail address: js.case@comcast.net

Excavator Information, if known

Full name: CASE CONSTRUCTION, INC.
Business address (number and street): SAME AS ABOVE
City, State, and ZIP code: _____
Telephone number (area code): _____
Fax number (area code): _____
E-mail address: _____

Excavation or Demolition Information

Excavator type: LABOR
Excavation or demolition equipment: NONE
Type of work performed: INSTALLING SIDEWALKS

C.A.S.E. CONSTRUCTION INC,

DAMAGED UTILITY REPORT

JOB: City walks 13-200

DATE: 7-25-13

NAME OF FOREMAN

Bodi Henry

JOB LOCATION

1456 Chestnut street Columbus IN,

OWNER OF UTILITY LINE

Vectron Gas

DEPTH OF LINE

12"

AUTHORITY CONTACTED

911
Hole molely

PH:

PH:

PH:

PH:

TYPE OF UTILITY

Gas line

LOCATE # OF LINE

1307120490

DATE OF LOCATE #

7-14-13

CLEARED

DATE OF LOCATE #

7-28-13

EXPIRES

NON MECHANICALLY LOCATED

YES

NO

WITHIN 24" OF UTILITY MARKINGS

YES

NO

BRIEF DESCRIPTION OF ACCIDENT BY FOREMAN

F Driving concrete pin

SIGNATURE OF FOREMAN

Bodi Henry

PICTURES OF ACCIDENT

YES

NO

TURN INTO MAIN OFFICE WHEN COMPLETED

INDIANA 811 MUST BE NOTIFIED IMMEDIATELY OF CUT 1-800-382-5544
IF POTENTIAL HAZARD TO COMMUNITY CALL 911 TO REPORT CUT

Date and Location of Damage

Date of damage (month, day, year): 7/25/13

County: BARTHOLOMEW

City: COLUMBUS

Street address (number and street, city, state, and ZIP code):
1456 CHESTNUT STREET, COLUMBUS, IN. 47201

Nearest intersection: 15th & CHESTNUT

Right of way where damage occurred: YES - WEST SIDE OF 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? _____

Was there a customer service interruption?

If yes, how many affected? _____

Time to restore service (in hours): _____

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ _____

Affected Facility Information

What type of pipeline was damaged? GAS

What was the affected facility?

What was the depth of the facility, in inches? 12"

Notification, Locating, Marking

Did excavator request locates prior to commencing work? YES

Enter Indiana 811 ticket number, if known: 1307120490

Was the locate request completed within two working days? *YES*

If locates were performed, were they done so by a contractor or pipeline employee? *YES*

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: _____

Was site marked by "White Lining"? *NO*

Were special instructions part of the locate request? *NO*

Were maps used to complete the locate request? *NA*

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? *YES*

Description of Cause

Select from the list the most accurate cause for the damage: *FAILURE TO MAINTAIN CLEARANCE*

Additional Comments

*LABORER DROVE FORM PIN APPROX 18" FROM MARK, THROUGH
GAS LINE*