



Pipeline Safety Division Investigation Report

Investigation regarding: Red Carpet Inn (Fanta Suites)

UPPAC Database Record ID: 5185

Report Date: 11/25/2013

Investigator: Mike Orr

Damage Date: 7/7/2013

Damage Address: 1117 E. Main Street, Greenwood, In,

The Parties

Excavator: **Red Carpet Inn (Fanta Suites)**

Address: 1117 E. Main Street, Greenwood, In

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Water

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$842

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 water work.

Findings: Reported by Darlene Kulhanek; excavator's response to initial notice was received on 10/23/2013. 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: Red Carpet Inn (Fanta Suites)

Business address (*number and street*): 1117 E Main Street

City, State, and ZIP code: Greenwood, IN

Telephone number (*area code*): 317-882-2211

Fax number (*area code*): Unknown

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Data Not Collected

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

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

County: Johnson

City: Greenwood

Street address (number and street, city, state, and ZIP code):
1117 E main Street, Greenwood, IN

Nearest intersection: Unknown

Right of way where damage occurred: Private - Business

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): 2.5

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 842.05

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 damaged by hoe. Did not request locates.

Vectren Claim Number: _____

FDS 0018046

Task No: 103.0510 Capital O & M (circle one)

Police Report /MO #: _____

Date of Damage 7/17/13

FACILITIES DAMAGE REPORT

GAS

Vectren Claims Camera:

Cost Center # 5835

VE03908
4

Time Occurred 9:30 am/pm

Time Found 9:45 am/pm

Latitude 39.612710 Longitude: -86.081270

DAMAGE SITE:
Address 1117 E Main St Lot # _____

FACILITY TYPE:
 Distribution Propane
 Service Storage
 Transmission: (include supplemental report)

County Johnson City Greenwood State IN Township Pleasant

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: 7/8/13

Visual Observation: Above Ground
 Below Ground

Locate Applicable: Yes No N/S

Facilities Properly Marked: Yes No N/S

Marking Methods: Conventional Flags Nonc
 Offset Paint Stakes Whiskers

Locate Marking Faded: Yes No N/S

Wrong Address Requested: Yes No N/S

Facilities Improperly Located: no locates

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: 564

Cast Iron Severed

Plastic (HDPE) Not Cut

Plastic (MDPE) Severed

Steel Other _____

Size 1.50 x 1.50

PRESSURE:

25 PSIG

40 PSIG

50 PSIG

55 PSIG

60 PSIG

6 WC (.2163)

7 WC (252)

Other _____ 12.619

Were Facility Marks Visible: Yes No Destroyed

Was Area White Lined: Yes No Destroyed

Positive Response: Yes No

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: 30 min

LEAK REPORT NUMBER: 00000

EFV Activated Yes No N/S

Observation by (ID#): 6804

FEED TYPE:

One-Way Feed

Two-Way Feed

Number of Customers Affected: 1

Total Hours Service Was Off: 2.50

Name of Locator: _____

LOCATING ORGANIZATION:

Contract Locator

Unknown / Other No locates

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: no locates

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

JUL 11 2013

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: Vectren
 # 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.)

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: Red Carpet Inn (Santa Suites)
 Address: 1117 E Main
 City/ State/ Zip: Greenwood In
 Phone: (317) 882-2211
Bob Shepherd 7/7/13
 Prepared / Investigated By: Date:

PARTY TO INVOICE:

Name: Red Carpet Inn Santa Suites
 Address: 1117 E Main
 City/ State/ Zip: Greenwood In
 Phone: 317 882-2211
[Signature] 7/8/13
 Reviewed by Field Supervisor: Date:

Service Order Status

Enter Service Order Number:

5720801



Clear Form

Refresh Data

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5720801

Order Type: LEAK

Order Status: Completed

Customer: 620942809 - LODGING & TRADE LLC

Prem: 5416704 - 1117 E MAIN ST KIT

Technician: 6804 - Shepherd, Bob

Order Dates and Times

Need Date: 7/7/2013 9:42:00 PM
Time Created: 7/7/2013 9:33:17 PM
Time Dispatched: 7/7/2013 9:33:17 PM
Time In Route: 7/7/2013 9:41:41 PM
Time On-Site: 7/7/2013 10:15:05 PM
Tech Complete: 7/8/2013 12:54:45 AM
Time Closed: 7/8/2013 12:54:45 AM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter: 46300 Active

New Meter:

Completion Notes

repair 1" sevice line prepare all paperwork 6804 service was hit while trying to repair water line no locates called in

Request Notes

PER DOC MUBARAK 317-640-6609, STRONG ODOR ON SOUTH SIDE OF BULIDING,EMPLOYEE WAS DIGGING AND POSSIBL Y HIT A GAS LINE, HEARING GAS. NOT SMELLINGGAS INSIDE, ABOUT 10 FT. PETS ONSITE. X ST EMERSON, THIS IS HOTEL.

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	7/7/2013 9:40:55 PM	Shepherd, Bob
AsnAssignmentEnRoute_evt	7/7/2013 9:41:41 PM	Shepherd, Bob
AsnAssignmentOnSite_evt	7/7/2013 10:15:05 PM	Shepherd, Bob
OrdOrderComplete_evt	7/8/2013 12:54:45 AM	Shepherd, Bob

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



1117 East Main Street • Greenwood, Indiana 46143
(317) 882-2211 • (800) 444-7829 • FAX (317) 885-0657

Mr. Michael Orr
Chief Pipeline Safety Engineer
Pipeline Safety Division

10.22.2013

Subject: Case # 5185

Dear Sir, Michael

I am in receipt of your communication letter concerning the above subject and I am sorry it took a little longer to respond. The communication letter was misplaced.

Actually, a call was made to "call before you dig" long before the contractor came out to dig and there should be a record of course on file for that call.

What busted the gas pipe however was actually an unfortunate incident. As it turned out, a curious guest was walking the yard noticed that steam/water was coming from the ground and wanted to know from where it was coming. We didn't know about where the leak was until this guest shared what he saw and did with us. As soon as damage to the gas pipe was realized, everybody of course was called. A contractor was also called for the water leak, and a call to "call before you dig" was made and responses came from everybody long before the excavator started digging.

I would like to stress that we make a point of incorporating safety into our daily operations and I, myself, coming off of the chemical and oil/gas industry, am particularly keen on working safely and proactively. It was an unfortunate and isolated incident. The water leak of course had since been fixed, appropriately.

I do appreciate your concern and thank you for sharing that with us.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ahmed Mubarak".

Ahmed Mubarak
Gen. Manager
317 882 2211