STATE OF INDIANA

INDIANA UTILITY REGULATORY COMMISSION
101 W. WASHINGTON STREET, SUITE 1500E
INDIANAPOLIS, INDIANA 46204-3407

http://www.in.gov/iurc
Office: (317) 232-2701
Facsimile: (317) 232-6758

Pipeline Safety Division Investigation Report

Investigation regarding: Country Manor Trailer Park

UPPAC Database Record ID: 5186

Report Date: 11/13/2013 Investigator: Mike Orr

Damage Date: 6/7/2013 Damage Address: 575 Old San Antonio Trail, Moorseville, In, Moorseville, Morgan

The Parties

Excavator: **Country Manor Trailer Park**

Address: 1 Chisolm Trail, Moorseville, In 46158

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas Facility Function: Service/Drop

Type of Equipment: Unknown/Other Type of Work Performed: Sewer

Damage Impact

Product Release: Yes Ignition: No

Service Interruption: True Number of Customers Affected: 1

Injuries: 0 Fatalities: 0 Repair Cost (if known): $1000

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No Indiana 811 Ticket Number: None Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

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

Findings: Reported by Darlene Kulhanek; excavator's response to initial notice was received on 9/26/2013. 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 SA

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: Country Manor Trailer Park

Business address *(number and street)*: 1 Chisolm Trail

City, State, and ZIP code: Mooresville, IN 46158

Telephone number *(area code)*: 317-831-6440

Fax number *(area code)*: Unknown

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Unknown/Other

Excavation or demolition equipment: Unknown/Other

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): 6-7-2013

County: Morgan

City: Mooresville

Street address (*number and street, city, state, and ZIP code*):
575 Old San Antonio Trail, Mooresville, IN

Nearest intersection: Unknown

Right of way where damage occurred: Private - Land Owner

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*): 360

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate $1,000

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

On 6/7/13 a "no gas" call was received by Vectren. Upon arrival investigation found severed line next to a newly installed sewer stub. No locates found within 2 months of finding, nor any report of damaged line. An end cap had been placed on the gas line by none qualified individual.

Vectren Corporation
Form 3112 (Rev.0711) (CIS 10/11)

FDS00180S9

Vectren Claim Number: _____

Police Report /MO #: 9982296

Task No: _____ Capital / O &M (circle one)
Date of Damage ? / _____ / _____
Cost Center # 5929
Time Occurred ? am / pm
Time Found 9:00 am / pm 6-7-13
Latitude _____ Longitude: _____

FACILITIES DAMAGE REPORT
GAS

Vectren Claims Camera:

VE01552
Form 3112

DAMAGE SITE:
Address 575 old San Antonio trail Lot # _____
County Morgan City Mooresville State IN Township _____

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

FACILITIES DAMAGED:
☐ Farm Tap
☐ Heater
☐ Main
☐ Meter (Residential)
☐ Meter (Industrial / Commercial)
☐ Odorizer
☐ Regulator Station
☐ Relief Valve
☐ Riser
☑ Service Line
☐ Valve
☐ Other _____

ORIFICE SIZE(S):	(1)	(2)	(3)
0.50 inch	☐	☐	☐
5/8 inch	☐	☐	☐
0.75 inch	☑	☐	☐
1.00 inch	☐	☐	☐
1.25 inch	☐	☐	☐
2.00 inch	☐	☐	☐
3.00 inch	☐	☐	☐
4.00 inch	☐	☐	☐
5.00 inch	☐	☐	☐
6.00 inch	☐	☐	☐
10.00 inch	☐	☐	☐
12.00 inch	☐	☐	☐
16.00 inch	☐	☐	☐
20.00 inch	☐	☐	☐
Other _____			

.860

VISUAL OBSERVATION AT DAMAGE SITE: 7/9/13

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)

JUL 18 2013

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 _____

13.913

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#): _____

Name of Locator: _____

LOCATING ORGANIZATION:
☐ Contract Locator
☐ Unknown / Other
☐ Utility Owner

PROTECTION IN PLACE:
☐ Building ☐ Fence ☐ None
☐ Post ☐ Rail ☐ Vault ☒ N/A
☐ Other _____

DURATION OF ESCAPING GAS:
Minutes: 5

EFV Activated ☑ Yes ☐ No ☐ N/S

Number of Customers Affected; 1
Total Hours Service Was Off: ?

LEAK REPORT NUMBER: _____

FEED TYPE:
☑ One-Way Feed
☐ Two-Way Feed

SERVICE ORDER NUMBER: _____

DAMAGED BY:
☐ Company Crew
☐ Contractor
☐ County
☐ Developer
☐ Farmer
☐ Municipality
☑ Property Owner/ Tenant trailor Park
☐ Railroad
☐ State
☐ Unknown
☐ Utility
☐ Vehicle Accident
☐ Other _____

WORKING FOR:
☐ City ☐ County ☐ Developer
☐ State ☑ Property Owner
☐ Utility

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 Sewer

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:
☐ Locate Ticket: Don't know if there was locates at time of Damage
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

CONTINUE ON BACK – INCLUDE ANY OBSERVATIONS / DIAGRAMS

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 Don't Know

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: _____
# 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

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: Country Manor trailor Park
Address: 1 Chisolm TRAIL
City/ State/ Zip: Mooresville 46168
Phone: (317) 831-6440
Clint Fishel 6-7-13
Prepared / Investigated By: Date:

PARTY TO INVOICE:
Name: Country Manor trailor Park
Address: _____
City/ State/ Zip: Mooresville IN
Phone: ( )
Paula Powers 7/26/13
Reviewed by Field Supervisor: Date:

Dave Combs got called to a NGas, tried to Blow Back Flow Valve, wouldn't Blow Back. During investigation we found the service had Been cut into Next to a New Sewer Stub for a trailor they are going to put in. they had Put an end Cap on hot side of Service. Was Not leaking at time of dug up. DO Not know if they had locates at time of Damage Don't even Know when it was damaged.

C. Fishel 6-7-13 Sending pipe w/ end cap

1261

Country Manor

1 Chisholm Trail
Mooresville, Indiana 46064
(317) 441-0092 – Kenneth Sims
Ksims132@hotmail.com

September 12, 2013

Pipeline Safety Division – case No. 5186
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 E
Indianapolis, Indiana 46204

To whom it may concern:

Please be advised that after reviewing your letter dated September 6, 2013, we do not feel that any violation had occurred and dispute all allegations.

On June 7th 2013 the ground was disturbed. However, locates had been called in for the area in question but was not located properly, further more the red pex-line appeared to be abandon and was not active (no gas) not knowing what this line was for, it was capped immediately and left exposed for further investigation.

Please note, 575 Old San Antonio Trail Mooresville Indiana had not been an active home site for over 10 years, and whatever was underground had apparently been abandoned for years. And our as built prints did not indicate gas or electric in that particular area, and as I stated above was not marked properly therefore we respectfully request that this matter be closed without penalties.

Sincerely,

Kenneth Sims
Agent / Consultant
Country Manor