



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Olco Inc**

UPPAC Database Record ID: 5311

Report Date: 10/9/2013

Investigator: Mike Orr

Damage Date: 8/20/2013 3:22:39 PM

Damage Address: E Washington St, Greencastle, Putnam

### The Parties

Excavator: **Olco Inc**

Address: 24053 Vote Road, Batesville, In 47006

Facility Owner: **Vectren**

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

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: 3

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

### Excavator Activities/Cause of Damage Information:

Excavator Request Locates: Yes  
8/22/2013

Indiana 811 Ticket Number: 1308201756

Original Start Date:

Locate Instructions: FROM THE ABOVE INTERSECTION -- TRAVEL APPROX 650 FEET EAST ON WASHINGTON ST -THEN LOCATE ON BOTH SIDES OF E WASHINGTON ST FOR APPROX 600 FEET GOING EAST FROM THE CENTERLINE NORTH AND SOUTH FOR 50 FEET---PAINT ONLY NO FLAGS PLEASE

Follow-Up Locate Instructions (if applicable):

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

**Findings:** Reported by Indiana 811; excavator's response to initial notice was received on 10/3/2013. Excavator failed to maintain a valid locate ticket prior to excavation since the previous locate ticket had expired and the present locate ticket had a start date of 8/22/2013.

**Conclusion:** There was a failure to provide notice of excavation.

**Violation: IC 8-1-26-16(g)(prior) Failure to provide notice of excavation - damage occurred prior to two working days from request date.**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY

State Form 54122 (R2 / 7-11)  
INDIANA UTILITY REGULATORY COMMISSION

INITIAL DOCUMENTS -  
OPERATOR

CASE #5311

Submitted to IURC-Pipeline Safety on: 9/6/2013

### 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: OLCO INC.

Business address (number and street): 24053 VOTE RD.

City, State, and ZIP code: BATESVILLE, IN 47006

Telephone number (area code): 812-933-0205

Fax number (area code): 812-934-6467

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): 8-20-2013

County: PUTNAME

City: GREENCASTLE

Street address (number and street, city, state, and ZIP code):  
305 E WASHINGTON, GREENCASTLE, 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? 3

Time to restore service (in hours): 3.25

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? Distribution

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: 1307310701-EXPIRED 1308201756@ 12:04 PM

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 and Flags

If other, please specify: \_\_\_\_\_

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**

2" PLASTIAC MAIN DAMAGED BY HOE. EXPIRED LOCATE AND NOT HAND EXPOSED.

Vectren Claim Number: \_\_\_\_\_

FDS  
0019307

Task No: 103.0509 Capital CO & AL (circle one)

Police Report /MO #: \_\_\_\_\_

Date of Damage 8/1/2013

Cost Center # 5952

Time Occurred 3:12 am/pm

Time Found \_\_\_\_\_ am/pm

Latitude 39.644940 Longitude: -86.861180

# FACILITIES DAMAGE REPORT GAS

Vectren Claims Camera:

**VE03289**  
4

DAMAGE SITE: 305 E WASHINGTON Lot # \_\_\_\_\_

Address \_\_\_\_\_  
County PUTNAM City GREENCASTLE State Id Township \_\_\_\_\_

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 checked="" 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 checked="" 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 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"/>
<input type="checkbox"/> Other _____	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"/>
	Other _____			

1.197

TYPE OF MATERIAL:	DAMAGE TYPE:	PRESSURE:
<input type="checkbox"/> Cast Iron	<input checked="" type="checkbox"/> Severed <u>FUNCTION</u>	<input type="checkbox"/> 25 PSIG
<input type="checkbox"/> Plastic (HDPE)	<input type="checkbox"/> Not Cut	<input type="checkbox"/> 40 PSIG
<input checked="" type="checkbox"/> Plastic (MDPE)	<input type="checkbox"/> Severed	<input type="checkbox"/> 50 PSIG
<input type="checkbox"/> Steel	Size <u>9"</u> x <u>1/8"</u>	<input type="checkbox"/> 55 PSIG
<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> 60 PSIG
		<input type="checkbox"/> 6 WC (.2163)
		<input type="checkbox"/> 7 WC (252)
		<input type="checkbox"/> Other _____

42.763

PROTECTION IN PLACE:  
 Building  Fence  None  
 Post  Rail  Vault  N/A  
 Other \_\_\_\_\_

DURATION OF ESCAPING GAS:  
Minutes: 65

LEAK REPORT NUMBER: \_\_\_\_\_

EFV Activated  Yes  No  N/S

FEED TYPE:  
 One-Way Feed  
 Two-Way Feed

Number of Customers Affected: 3  
Total Hours Service Was Off: 3.25

SERVICE ORDER NUMBER: 5777444

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 \_\_\_\_\_

WORKING FOR:  
 City  County  Developer  
 State  Property Owner  
 Utility

VISUAL OBSERVATION AT DAMAGE SITE: 8/20/13  
Visual Observation:  Above Ground  Below Ground  
Locate Applicable  Yes  No  N/S  
Facilities Properly Marked  Yes  No  N/S  
Marking Methods:  Conventional  Flags  None  Whiskers  
 Offset  Paint  Stakes  
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)

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#): 2897, 1060 1061

Name of Locator: USIC  
LOCATING ORGANIZATION:  
 Contract Locator  
 Unknown / Other  
 Utility Owner

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:  
 Locate Ticket: UNKNOWN  
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: \_\_\_\_\_  
 # of Overtime Hours: 3  
 # of Regular Hours: \_\_\_\_\_  
 Crew Type: Z-MAN

**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: Oled INC  
 Address: 24053 VOTE RD  
 City/ State/ Zip: Batesville IN 47006  
 Phone: (812) 933 0205  
PHIL NORTWITT  
 Prepared / Investigated By: \_\_\_\_\_ Date: 8-20-13

**PARTY TO INVOICE:**

Name: Sammas Damaging Party  
 Address: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Reviewed by Field Supervisor: [Signature] Date: \_\_\_\_\_

2" PL MAIL APPROX 16" DEEP ON EAST END, 12" DEEP ON WEST END

## Ticket Portal Production

**Ticket Text**   **Photos**

**Ticket Text**

ID8729 00695 IUPPSa 08/20/2013 12:04:16 1308201756-00A NORM NEW GRID  
 NORMAL NOTICE JOB EXTENSION  
 Ticket : 1308201756 Date: 08/20/2013 Time: 12:00 Oper: SFOX Chan:052  
 Old Tkt: 1307310701 Date: 07/31/2013 Time: 09:03 Oper: JELEWITZ Rev: 00A  
 State: IN Cnty: PUTNAM Twp: GREENCASTLE  
 Cityname: GREENCASTLE Inside: Y Near: N  
 Subdivision:  
 Address :  
 Street : E WASHINGTON ST  
 Cross 1 : S VINE ST Within 1/4 mile: Y  
 Location: FROM THE ABOVE INTERSECTION -- TRAVEL APPROX 650 FEET EAST ON  
 WASHINGTON ST -THEN LOCATE ON BOTH SIDES OF E WASHINGTON ST FOR APPROX 600 FEET  
 GOING EAST FROM THE CENTERLINE NORTH AND SOUTH FOR 50 FEET---PAINT ONLY NO FLAGS  
 PLEASE  
 \*\*\*Boring Where = POSSIBLY UNDER WASHINGTON STREET  
 :  
 Grids : 3938B8651B 3938B8651C  
 Boundary: n 39.644579 s 39.643448 w -86.861867 e -86.858301  
 Work type : REPLACE SIDEWALK AND STORM SEWER  
 Done for : INDOT  
 Start date: 08/22/2013 Time: 12:15 Hours notice: 48/048 Priority: NORM  
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N  
 Duration : 2 MONTHS Depth: 5 FEET  
 Company : OLCO INC Type: CONT  
 Co addr : 24053 VOTE ROAD  
 City : BATESVILLE State: IN Zip: 47006  
 Caller : MARTIE DANDREA Phone: (812)933-0205  
 Contact : NIC WONNELL---CELL Phone:  
 BestTime:  
 Mobile : (812)209-9214  
 Fax : (812)934-6467  
 Remarks : All tickets are taken and processed on Eastern Daylight Time  
 Will you be white-lining the dig site area? NO  
 :  
 Submitted date: 08/20/2013 Time: 12:00  
 Members: ID0002 ID0445 ID4752 ID6794 ID8000 ID8729  
 -----  
 Email\_From: irth@iupps.org  
 Email\_Subject: IUPPS ID8729 2013/08/20 #00695 1308201756-00A NORM NEW  
 Email\_Sent\_Date: 2013-08-20 11:04:16 CDT  
 Email\_host: tickets5.811tickets.com  
 Email\_user: 811.in.oc-vvc  
 Email\_To: 811.in.oc-vvc@tickets.811tickets.com  
 Email\_ContentType: text/plain; charset=us-ascii

## Ticket Portal Production

Ticket Text **Photos**

### Ticket Text

ID0002 00924 IUPPSa 08/20/2013 15:22:42 1308202999-00A EMER DAMG GRID  
 DAMAGE SEE REMARKS  
 Ticket : 1308202999 Date: 08/20/2013 Time: 15:19 Oper: SMCCLURE Chan:049  
 State: IN Cnty: PUTNAM Twp: GREENCASTLE  
 Cityname: GREENCASTLE Inside: Y Near: N  
 Subdivision:  
 Address :  
 Street : E WASHINGTON ST  
 Cross 1 : S VINE ST Within 1/4 mile: Y  
 Location: FROM THE ABOVE INTERSECTION -- TRAVEL APPROX 650 FEET EAST ON  
 WASHINGTON ST -THEN LOCATE ON BOTH SIDES OF E WASHINGTON ST FOR APPROX 600 FEET  
 GOING EAST FROM THE CENTERLINE NORTH AND SOUTH FOR 50 FEET---PAINT ONLY NO FLAGS  
 PLEASE  
 \*\*\*Boring Where = POSSIBLY UNDER WASHINGTON STREET  
 :  
 Grids : 3938B8651B 3938B8651C  
 Boundary: n 39.644579 s 39.643448 w -86.861867 e -86.858301  
 Work type : REPLACE SIDEWALK AND STORM SEWER  
 Done for : INDOT  
 Start date: 08/20/2013 Time: 15:19 Hours notice: 0/000 Priority: EMER  
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y  
 Duration : 2 MONTHS Depth: 5 FEET  
 Company : OLCO INC Type: CONT  
 Co addr : 24053 VOTE ROAD  
 City : BATESVILLE State: IN Zip: 47006  
 Caller : MARTIE DANDREA Phone: (812)933-0205  
 Contact : NIC WONNELL---CELL Phone:  
 BestTime:  
 Mobile : (812)209-9214  
 Fax : (812)934-6467  
 Remarks : All tickets are taken and processed on Eastern Daylight Time  
 PER TREVIN SUDING - A VECTREN GAS LINE WAS DAMAGED ON WASHINGTON BETWEEN LOCUST  
 AND SPRING STREET - GAS CAN BE SMELLED AND HEARD - LINE IS TAN PLASTIC LINE  
 APPROX 1 1/2 INCH IN DIAMETER - 911 AND VECTREN HAS BEEN NOTIFIED - CREW IS ON  
 SITE - PREVIOUS TICKET IS 1308201756 - THANK YOU  
 Will you be white-lining the dig site area? NO  
 :  
 Submitted date: 08/20/2013 Time: 15:19  
 Members: ID0002 ID0445 ID4752 ID6794 ID8000 ID8729  
 -----  
 Email\_From: agt\_comm@irth.com  
 Email\_Subject: Seq# 896: 1308202999 for ID0002 - Electric Distribution (IN)  
 Email\_Sent\_Date: 2013-08-20 14:22:43 CDT  
 Email\_host: tickets5.811tickets.com  
 Email\_user: 811.in.duk  
 Email\_To: 811.in.duk@tickets.811tickets.com  
 Email\_ContentType: text/Plain; charset=US-ASCII



Property of United States Infrastructure Corporation  
Photo taken on 8/20/2013 3:15:10 PM

Monday, September 2, 2013

# Service Order Status

**Enter Service Order Number:**

5777444



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

**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD

**Order Number:** N5777444

**Order Type:** INVE

**Order Status:** Completed

**Customer:** 600127129 - JUDY GENE ANN

**Prem:** 5395766 - 305 E WASHINGTON ST APT 1UP

**Technician:** 2897 - Northcutt, Phillip

**Order Dates and Times**

**Need Date:** 8/20/2013 4:14:00 PM  
**Time Created:** 8/20/2013 3:27:03 PM  
**Time Dispatched:** 8/20/2013 3:30:12 PM  
**Time In Route:** 8/20/2013 7:58:16 PM  
**Time On-Site:** 8/20/2013 7:58:20 PM  
**Tech Complete:** 8/20/2013 8:04:38 PM  
**Time Closed:** 8/20/2013 8:04:38 PM

**Events Performed/Completion Code**

IVEG - CMP

**Meter Information**

**Current ReadStatus**

**Old Meter:**

**New Meter:**

**Completion Notes**

contractor cut 2"pl main. bill winkle and millers squeased off before i got here . atmospheric readings in houses ok. relit 3 houses. left safe.

**Request Notes**

8-20-13 HIT LINE AT STREET SIDEWALK 2 IN LINE BLOWING STONG ODORXST LOCUST OR SPRING CLD IN BY LEAH CASGROVE RPR FOR CITYCREW ON SITE CONTRACT CREW CALL DIG # 1308201750 FIRE TRUCK ON SITE

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentManualAck_evt	8/20/2013 3:27:20 PM	Godfrey, Gary
AsnAssignmentEnRoute_evt	8/20/2013 3:27:20 PM	Godfrey, Gary
AsnAssignmentManualAck_evt	8/20/2013 3:30:32 PM	Northcutt, Phillip
AsnAssignmentEnRoute_evt	8/20/2013 3:30:59 PM	Northcutt, Phillip
AsnAssignmentOnSite_evt	8/20/2013 4:19:25 PM	Northcutt, Phillip
OrdOrderSuspend_evt	8/20/2013 6:17:20 PM	Northcutt, Phillip
AsnAssignmentEnRoute_evt	8/20/2013 7:58:16 PM	Northcutt, Phillip
AsnAssignmentOnSite_evt	8/20/2013 7:58:20 PM	Northcutt, Phillip
OrdOrderComplete_evt	8/20/2013 8:04:38 PM	Northcutt, Phillip

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

**Case Number:** 5311

**Date of Damage** (*month, day, year*): 8/20/2013

---

**Location of Damage:**

Address (*number and street*): E Washington Street

City, State and ZIP Code: Greencastle, IN 46135

Nearest Intersection: Washington Street and Locust Street

---

**Excavator Information:**

Business Name: OLCO, Inc

Responsible Party Personal Name: Chris Bittner

Title (*if any*): \_\_\_\_\_

Address (*number and street*): 24053 Vote Road

City, State and ZIP Code: Batesville, IN 47006

Preferred Telephone Number (area code): 812-933-0205

Email Address: nwonnell@olcoinc.com

---

**Utility Information:**

Utility Name: Vectron

Contact Person: \_\_\_\_\_

Title (*if any*): \_\_\_\_\_

**Cause of Damage Information**

Type of Equipment *(select one)*:

Type of Work Performed *(select one)*:

Repair Cost: \$ \_\_\_\_\_

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: 1307310695 or 1307310701

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**

Utilities were located per above referenced ticket numbers, however utilities were not at the lawful depth. Per Code of Federal Regulations, Title 49: Transportation, Part 192 – Transportation of Natural and Other Gas by Pipeline: Minimum Federal Safety Standards, Subpart G – General Construction Requirements for Transmission Lines and Mains, 192.327 Cover (a), states that there must be a minimum cover of 30". It is not reasonable to believe that we would encounter gas lines at such shallow depths during construction activities for this portion of the work since we were only needing to excavate less than 15" deep for proposed work. There is every reason to believe that this would be at a lawful depth since these are newer polyethylene lines. Furthermore this damage was done during the removal of concrete where no hand excavation could be done. Per the State of Indiana letter to OLCO, Inc. dated September 6, 2013, we believe that there was no violation of any potential listed violations. Regarding the letters references to possible violations, IC 8-1-26-16(g), locates were called in per above referenced ticket numbers. In regard to IC 8-1-26-16(h), white lining was not necessary since there is sufficient description in the locate tickets to identify the area. Furthermore, there was also cooperation between each party for explanation of work limits during initial phases of the project. Concerning IC 8-1-26-20(b), as stated above this damage was done while removing a concrete driveway. There was no practical way to hand dig in the area where damage occurred. Addressing IC 8-1-26-18(f), per item (2) we did not fail to notify, either by time or location, where the excavation was to occur. Please find accompanying pictures to support our position.

Printed Name: Nic Wonnell - Operations, OLCO, Inc

Signature:  Date (month, day, year): 10/02/2013

*\*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](mailto: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**



