



Pipeline Safety Division Investigation Report

Investigation regarding: **Kenneth L Pershon**

UPPAC Database Record ID: 53

Investigator: Dan Novak

Telephone: 317-232-2781

Report Date: 03/03/2012

Damage Date: 03/21/2011

Damage Address: 7265 E Schnellville Road

City: Schnellville

County: Dubois

The Parties

Excavator: **Kenneth L Pershon**

Contact:

Address: 7265 E Schnellville Road, Schnellville, In 47580

Telephone: 812-389-2784

Facility Owner: Indiana Natural Gas Corporation

Contact: Phillip Ross

Address: 1080 W Hospital Road, Paoli, IN 47454

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Kenneth L Pershon

UPPAC Database Record ID: 53

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: Y

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1102141431

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Synopsis: ¾” service line was damaged by the homeowner while digging to perform sewer work on his property.

Findings: Reported by Indiana Natural Gas Co.; excavator responded to initial request for information on 11/14/2011. Work was done on an expired locate ticket..

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

Violation: IC 8-1-26-16(g): Failure to provide notice of excavation.

Kenneth L Pershon currently has no other reports of damages in the record.

NO

LOCATE

TICKET

PROVIDED

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

November 2, 2011

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INDIANA UTILITY
REGULATORY COMMISSION

Mr. Phillip Ross
Indiana Natural Gas Corporation
1080 W Hospital Road
Paoli, IN 47454

Subject: Investigation Request for Information

Date of Event: 3/21/2011

Event Location: 7265 E Schnellville Road, Schnellville

Facility Owner: Indiana Natural Gas Corporation

Excavator: Kenneth L. Pershon

Other Party: N/A

Pipeline Division Case No. 53

Dear Mr. Ross:

Pursuant to Indiana Code 8-1-26, the *Indiana Damage to Underground Facilities Act*, the Pipeline Safety Division of the Indiana Utility Regulatory Commission ("Pipeline Division") is required to investigate reported incidents of alleged statutory violations involving underground pipeline safety. The purpose of this statute is to promote excavation and pipeline safety and to reduce the imminent danger to life, health, property, or loss of service associated with unsafe digging practices. Please note that the investigation does not entail determining criminal liability or a civil determination of fault or damages; however, it does determine whether any statutory violations were committed regarding public safety.

The Pipeline Division received information regarding potential statutory violations regarding the date and location referenced above. You were identified as a person or entity that might have information that would assist the Pipeline Division in its investigation. Therefore, we have contacted you in order to receive the full account of information in order to make a fair determination related to the circumstances of this incident.

We have asked all involved parties, entities and witnesses to provide *written* information within *30 days* in order to meet legal deadlines to conclude our investigation. **Please consider this letter as a formal request to receive any and all information and evidence (including a narrative, documentation,**

maps, photographs or any other written information) you can access regarding anything you may know about the incident referenced above.

Please promptly provide your information to: Pipeline Safety Division – Case No. 53, Indiana Utility Regulatory Commission, 101 West Washington Street, # 1500E, Indianapolis, IN 46204. Also, please include the Investigation Number referenced above on your materials. In the alternative, if you would prefer to scan the materials and send them electronically, please send the documents to: *PipelineDamageCase@urc.in.gov*.

Although you are not a formal party in this investigation, please treat this request for information seriously, because the potential civil penalties for violations include: a potential civil fine up to \$10,000.00; mandatory education and training for employees regarding pipeline safety; a required development plan to avoid future violations; or a warning letter for certain homeowner/tenants who are first time offenders. Consequently, your input will assist the Pipeline Division with its determination and may have a substantial impact on the case.

After the investigation is completed, the Pipeline Division will prepare an Investigation Report with findings and forward it to the Underground Plant Protection Advisory Committee (“Advisory Committee”). This is a statutory committee, comprised of excavators, facility operators, investor and municipal utilities, the 811 Association and facility locate marking companies, whose role is to evaluate the Pipeline Division’s findings and make a recommendation for a civil penalty. In the event there is disagreement regarding the Advisory Committee’s recommendation to the Commission, parties are entitled to request a hearing before the full Commission. If there is a violation, the Indiana Utility Regulatory Commission (“Commission”) will impose the penalty. Any fines imposed are statutorily required to be spent funding the Commission’s training and educational programming to promote excavation and pipeline safety.

Thank you for your *prompt* assistance in providing written information to the Pipeline Division regarding the previously referenced incident. Any information received after the deadlines will not be considered in the investigation, will be unavailable to the Advisory Committee and will result in a lack of full information being made available; hence, your participation is vital to serving the interests of justice and enhancing the public’s safety. In an effort to assist you, please find an enclosure entitled “Information Request.” Should you have procedural or legal questions regarding the Underground Plant Protection Advisory Committee or the Indiana Utility Regulatory Commission, please contact David L. Welch, Assistant General Counsel, at (317) 234-4715. Should you have questions regarding the pipeline damage identified above, or our investigation, please contact me at (317) 232-2718. Thank you for your assistance.

Sincerely,



William Boyd
Director, Pipeline Safety Division

Enclosure: Information Request

Information Request

Pipeline Safety Division Indiana Utility Regulatory Commission

Case No. 53

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria:

The Parties:

Excavator Information:

Business Name:

Responsible Party Personal Name: KENNETH L. PERSTON

Title (if any): HOMEOWNER @ PROPERTY. HIT LINE

Address: 7265 E SCHNELLVILLE ROAD

City, State Zip: SCHNELLVILLE, IN 47580

Preferred Telephone: 812-389-2784

Cell Phone Number:

Email Address:

Facility Information:

Business Name: INDIANA NATURAL GAS

Responsible Party Personal Name: PHIL ROSS

Title (if any): GENERAL MANAGER

Address: PO BOX 450

City, State, Zip: PAOLI, IN 47454

Preferred Telephone: 812-723-2151

Cell Phone Number:

Email Address: phil_r@indiananatural.com

Locator Service Information:

Business Name: SAME (see above)

Responsible Party Personal Name:

Title (if any):

Address:

City, State Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Other (Witness, Police, Fire, Other) Information:

Personal Contact:

Business/Organization Name:

Title (if any)

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Utility Line Impact:

Location of Damage:

Address: 7265 E SCHNELVILLE ROAD

City, State Zip: SCHNELVILLE, IN 47580

Nearest Intersection: S CR 700 E

Product Type (circle one):

Natural Gas

Liquid Pipeline

Unknown/Other

Facility Type (circle one):

Distribution

Gathering

Service/Drop

Transmission

Unknown/Other

Size (Diameter/etc.): 3/4"

Pressure (PSIG/Inches): 35 PSI

Interruption in Service: Yes No

Number of Customers Affected: 1

Evacuation: Yes No If yes, How Many Evacuated? _____

Repair Cost (if known): \$ _____

Cause of Damage Information:

Type of Equipment (circle one):

- Auger
- Backhoe/Trackhoe
- Boring /Drilling
- Directional Drilling
- Explosives
- Farm Equipment
- Grader/Scraper
- Hand Tools
- Milling Equipment
- Probing Device
- Trencher
- Vacuum Equipment
- Unknown/Other

Type of Work Performed (circle one):

- Agriculture
- Cable TV
- Curb/Sidewalk
- Bldg. Construction
- Bldg. Demolition
- Drainage
- Driveway
- Electric
- Engineering/Surveying
- Fencing
- Grading
- Irrigation
- Landscaping
- Liquid Pipeline
- Milling
- Natural Gas
- Pole
- Public Transit Authority
- Railroad Maintenance
- Road Work
- Sewer (Sanitary/Storm)
- Site Development
- Steam
- Storm Drain/Culvert
- Street Light
- Telecommunications
- Traffic Signal
- Traffic Sign
- Water
- Waterway Improvement
- Unknown/Other

Release of Product: Yes / No

Ignition and/or Fire: Yes / No

Excavator Notify 811: Yes / No

Locate Information:

Excavator Request Locate: Yes / No

Indiana 811 Locate Ticket Number: 1102141431 2/14/11
EXPIRED

Locate Marks Visible: Yes / No

Locate Marks Correct: Yes / No

Excavator "White Lined": Yes / No

Maps Used to Mark Facilities: Yes / No

Was Locate Provided within Two (2) Working Days: Yes / No

Operator Employees On-site during Excavation: Yes / No

Incident Impact Information:

Number of Outpatient Treated: 0

Number of Inpatient Treated: 0

Number of Fatalities: 0

Fire Department Response: Yes / No

Police Department Response: Yes / No

Ambulance Response: Yes / No

Additional Information/Comments:

SEE ATTACHED.

YOUR PIPELINE SAFETY DIVISION CASE NO. 53

YOUR FULL NAME: PHILLIP S ROSS

FULL NAME OF BUSINESS/ENTITY (if applicable): INDIANA NATURAL GAS

YOUR BUSINESS TITLE (if applicable): GENERAL MANAGER

ADDRESS: PO BOX 450

CITY: PAOLI STATE: IN ZIP CODE: 47454

YOUR TELEPHONE NUMBER: (812) 723 2151 SECOND NO. () -

YOUR EMAIL ADDRESS: phillr@indiananatural.com

TODAY'S DATE: 11/22/11

YOUR SIGNATURE:  TITLE (if any) GENERAL MANAGER

Please return your Narrative Statement and Answers to the above questions to:

Pipeline Safety Division – Case No. _____
Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R / 11-09)
INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: 03/25/2011

Who is submitting this information?

Name of person providing this information: Phil Ross - Indiana Natural Gas Corp.

Business address (*number and street*): 1080 W Hospital Road

City, State, and Zip Code: Paoli, IN 47454

Telephone Number (*area code*): (812) 723-2151

Fax Number (*area code*): (812) 723-2188

Email address: phil_r@indiananatural.com

Excavator Information, if known

Full Name: Kenneth L. Pershon

Business address (*number and address*): Home Owner - 7265 E Schnellville Road

City, State, and Zip Code: Schnellville, IN 47580

Telephone number (*area code*): (812) 389-2784

Fax number (*area code*): ?

Email address: _____

Excavation or Demolition Information

Type of excavation or demolition: Occupant

Type of excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage: 03/21/2011

County: Dubois

City/Subdivision/Location Name: Schnellville

Street address: 7265 E Schnellville Road

Nearest intersection: S CR 700 E

Right of way where incident occurred: Public Private

Was there a release of product? Yes No

Was there any customer service interruption? Yes No

If yes, how many affected 2

Projected timeline for completion of re-lights after repairs are made. 30 minutes

Were evacuations necessary as a result of release of gas or hazardous materials? Yes No

If yes, how many evacuated?

Was there an ignition of released gas or material? Yes No

If yes, was there:

Injuries, how many?

Fatalities, how many?

Property damage, Estimate \$

Affected Facility Information

What type of facility operation was affected? Distribution

What type of product was involved? Natural Gas

What was the depth of the damaged facility?

Notification, Locating, Marking

Did excavator follow the law with respect to requesting a locate and commencing work? Yes No

Did excavator notify you in event of damage? Yes No

One Call ticket number, if known: 1102141431 2/14/2011

Contract or company locator? Utility Owner

If contracted, what was the name of the contracted locator? _____

Were facility marks visible in the area of excavation or demolition? Yes No

Were facilities marked correctly? Yes No

Locating equipment type, if known: _____

Type of marking used:

Paint Flags Other

If other, explain: _____

Was site marked by "White Lining"? Yes No

Were special instruction part of the locate order? Yes No

Were maps used during marking? Yes No

Did the pipeline operator provide a positive response? Yes No

Were pipeline company representatives on site at the time of excavation or demolition? Yes No

Description of Cause

Possible Cause: Homeowner digging within 2-feet of utility locates with powered equipment. Cut 3/4" gas service line. Utility Locate was expired, but marks were still visible.

Additional Comments

Information Request

Pipeline Safety Division Indiana Utility Regulatory Commission

Case No. 63

The Pipeline Safety Division of the Indiana Utility Regulatory Commission requests any and all information you can provide regarding the following criteria:

The Parties:

Excavator Information:

Business Name: Personal

Responsible Party Personal Name: Kenny Persohn

Title (if any):

Address: 7265 E Schnellville Rd

City, State Zip: Schnellville In 47580

Preferred Telephone: 389-2784

Cell Phone Number: —

Email Address: —

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INDIANA UTILITY
REGULATORY COMMISSION

Facility Information:

Business Name:

Responsible Party Personal Name:

Title (if any):

Address:

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Locator Service Information:

Business Name:

Responsible Party Personal Name:

Title (if any):

Address:

City, State Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

811

Holly Moly

Other (Witness, Police, Fire, Other) Information:

Personal Contact:

Business/Organization Name:

Title (if any)

Address:

None

City, State, Zip:

Preferred Telephone:

Cell Phone Number:

Email Address:

Utility Line Impact:

Location of Damage:

Address:

Same as 1st Page

City, State Zip:

Nearest Intersection:

Product Type (circle one):

Natural Gas

Liquid Pipeline

Unknown/Other

Facility Type (circle one):

Distribution

Gathering

Service/Drop

Transmission

Unknown/Other

Size (Diameter/etc.): $\frac{1}{2}$?

Pressure (PSIG/Inches): _____

Interruption in Service: Yes / No

Number of Customers Affected: 2 us & neighbor

Evacuation: Yes / No If yes, How Many Evacuated? _____

Repair Cost (if known): \$ None

Cause of Damage Information:

Type of Equipment (circle one):

Auger

Backhoe/Trackhoe

Boring /Drilling

Directional Drilling

Explosives

Farm Equipment

Grader/Scraper

Hand Tools

Milling Equipment

Probing Device

Trencher

Vacuum Equipment

Unknown/Other

Type of Work Performed (circle one):

Agriculture

Cable TV

Curb/Sidewalk

Bldg. Construction

Bldg. Demolition

Drainage

Driveway

Electric

Engineering/Surveying

Fencing

Grading

Irrigation

Landscaping

Liquid Pipeline

Milling

Natural Gas

Pole

Public Transit Authority

Railroad Maintenance

Road Work

Sewer (Sanitary/Storm)

Site Development

Steam

Storm Drain/Culvert

Street Light

Telecommunications

Traffic Signal

Traffic Sign

Water

Waterway Improvement

Unknown/Other

Release of Product: Yes / No *minimal shut off within 30 sec*
Ignition and/or Fire: Yes / No
Excavator Notify 811: Yes / No

Locate Information:

Excavator Request Locate: Yes / No
Indiana 811 Locate Ticket Number: _____ ?
Locate Marks Visible: Yes / No
Locate Marks Correct: Yes / No
Excavator "White Lined": Yes / No
Maps Used to Mark Facilities: Yes / No
Was Locate Provided within Two (2) Working Days: Yes / No
Operator Employees On-site during Excavation: Yes / No

Incident Impact Information:

Number of Outpatient Treated: _____
Number of Inpatient Treated: _____
Number of Fatalities: _____
Fire Department Response: Yes / No
Police Department Response: Yes / No
Ambulance Response: Yes / No

NA

Additional Information/Comments:

*found all other lines peeled to 6" off and struck line. Line was only buried 5" to 6"
Gas company said it should of been a lot deeper. They did come back and re-buried the line to correct depth.*

YOUR PIPELINE SAFETY DIVISION CASE NO. _____

YOUR FULL NAME: Kenneth Lee Persch

FULL NAME OF BUSINESS/ENTITY (if applicable): none

YOUR BUSINESS TITLE (if applicable): none

ADDRESS: Home owner Doing it self

CITY: _____ STATE: _____ ZIP CODE: _____

YOUR TELEPHONE NUMBER: (012) 389 - 2794 SECOND NO. () _____ - _____

YOUR EMAIL ADDRESS: _____

TODAY'S DATE: 11-9-11

YOUR SIGNATURE: Kenneth L. Persch TITLE (if any) _____

Please return your Narrative Statement and Answers to the above questions to:

Pipeline Safety Division – Case No. _____
Indiana Utility Regulatory Commission
101 West Washington Street, # 1500E
Indianapolis, IN 46204

Or scan document(s) and Email to:

PipelineDamageCase@urc.in.gov