



Pipeline Safety Division Investigation Report

Investigation regarding: **Ron Jones**

UPPAC Database Record ID: 859

Investigator: Chuck Weindorf

Report Date: 03/20/2012

Damage Date: 3/9/2010 3:16:48 PM

Damage Address: 1634 Orinoco Ave

City: Columbus

County: Bartholomew

The Parties

Excavator: **Ron Jones**

Contact: Ron Jones

Address: 652 N Park Drive, Edinburgh, In 46124

Telephone: 812-703-3510

Facility Owner: Vectren

Contact: Darlene Kulhanek

Address: 1 N Main Street, Evansville, IN 47702

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Ron Jones

UPPAC Database Record ID: 859

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 2

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$359

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Probing Device

Type of work performed: Sewer (Sanitary/Storm)

Synopsis: Excavator damaged a one inch service line while probing for a sewer cleanout.

Findings: Reported by Indiana 811; initial notice delivered and signed for 10/30/2011, however excavator failed to respond. Excavator failed to provide a notice to Indiana 811 prior to excavation.

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

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

Ron Jones currently has no other reports of damage on 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

RECEIVED

NOV 14 2011

INDIANA UTILITY
REGULATORY COMMISSION

Ms. Darlene Kulhanek
Vectren
1 N Main Street
Evansville, IN 47702

Subject: Investigation Request for Information

Date of Event: 3/9/2010

Event Location: 1634 Orinoco Ave, Columbus

Facility Owner: Vectren

Excavator: Ron Jones

Other Party: N/A

Pipeline Division Case No. 859

Dear Ms. Kulhanek:

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.

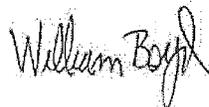
Please promptly provide your information to: Pipeline Safety Division – Case No. 859, Indiana Utility Regulatory Commission, 101 West Washington Street, # 1500E, Indianapolis, IN 46204. Also, please include the Investigation Number referenced above on your materials. In the alternative, if you would 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



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: 11-9-2011

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: Ron Jones

Business address (*number and street*): Residential 652 N. Park Drive

City, State, and ZIP code: Edinburgh, IN 46124

Telephone number (*area code*): 812-703-3510

Fax number (*area code*): Unknown

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Probing Device

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (month, day, year): 3-9-2010

County: Bartholomew

City: Columbus

Street address (number and street, city, state, and ZIP code):
1634 Orinoco Avenue, Apt. A, Columbus, IN 47201

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? 2

Time to restore service (in hours): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 358.87

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: _____

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? Unknown/Other

If a contractor locator, enter the company name, if known: _____

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used: Other

If other, please specify: Unknown _____

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? No

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? 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 probe rod. Did Not Request Locates.



Vectren Corporation
P.O. Box 209
Evansville, Indiana 47702-0209

June 24, 2010

VIA CERTIFIED MAIL; RETURN RECEIPT REQUESTED

9/23/10
American

JONES, RON
652 N PARK DRIVE
EDINBURGH, IN 46124

Re:
Invoice #: FDS0010925
Description: 1634 Orinoco Ave, Apt A, Columbus - 1" Plastic Service Damaged By Probe Rod. Did Not Request Locates.
Damage Date: 3/9/2010
Balance: \$358.87

Dear Sir or Madam:

You were notified on 4/9/2010 and again on 5/14/2010 regarding the above balance.

NOTICE: Payment must be made by July 6, 2010. If you fail to make payment, your account will be turned over to our collection agency.

To protect your credit rating and avoid any embarrassment this action will create, make payment by return mail or call me at 1-877-902-2934.

Sincerely,

Darlene Kulhanek
Manager Of Facilities Damages

cc: Laura Pamplin, General Counsel

*8/6 - dates this afternoon 4pm EST - will get with P/O's & call me by end of next week
7/19 Ron 812-703-3570 (call) not available my later*

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ron Jones
652 N Park Drive
Edinburgh, IN 46124

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Ron Jones 6/24/10 RS

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

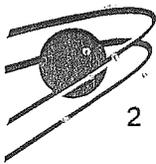
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7009 3410 0002 4630 2030

Domestic Return Receipt

102595-02-M-1540



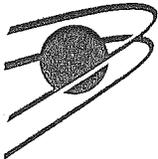
2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE
FINAL
\$358.87

JONES, RON
652 N PARK DRIVE
EDINBURGH, IN 46124

Type: GAS
Invoice: FDS0010925
BillToID: 27558
Billing Date: 5/14/2010
Date of Loss: 3/9/2010
5926 103.0510

Please return this portion with your remittance.



Mail Payment To: VECTREN ENERGY DELIVERY OF INDIANA - NORTH
Vectren Utilities Holding Group, Inc.
1239 Reliable Parkway
Chicago, IL 60686-0012
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5
Risk Management/Claims Department

NOW DUE
FINAL
\$358.87

JONES, RON
652 N PARK DRIVE
EDINBURGH, IN 46124

Type: GAS
Invoice: FDS0010925
BillToID: 27558
Billing Date: 5/14/2010
Date of Loss: 3/9/2010

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 1634 ORINOCO AVE, APT A, COLUMBUS

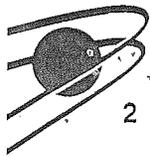
1" PLASTIC SERVICE DAMAGED BY PROBE ROD. DID NOT REQUEST LOCATES.

Material:	\$17.92
Company Labor:	\$289.15
Contract Labor:	\$0.00
Transportation/Equipment:	\$39.04
Misc:	\$0.00
Gas Loss:	\$12.76
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$358.87

5926 103.0510

Remember, call two (2) working days before digging. Contact I.U.P.P.S. at 1-800-382-5544.

1 week - Property owners



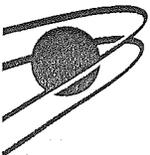
2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE
\$358.87

JONES, RON
652 N PARK DRIVE
EDINBURGH, IN 46124

Type: GAS
Invoice: FDS0010925
BillToID: 27558
Billing Date: 4/9/2010
Date of Loss: 3/9/2010
5926 103.0510

Please return this portion with your remittance.



Mail Payment To: VECTREN ENERGY DELIVERY OF INDIANA - NORTH
Vectren Utilities Holding Group, Inc.
1239 Reliable Parkway
Chicago, IL 60686-0012
Inquiries: 1-877-902-2934, Mon.-Fri., 8-5
Risk Management/Claims Department

NOW DUE
\$358.87

JONES, RON
652 N PARK DRIVE
EDINBURGH, IN 46124

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Date of Loss: 3/9/2010

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5926 103.0510

Remember, call two (2) working days before digging. Contact I.U.P.S. at 1-800-382-5544.

FACILITIES DAMAGE REPORT GAS

Vectren Corporation
Form 3112 (Rev. 10/04)

- Indiana Gas
- Sigeco
- Vectren Energy Delivery of Ohio

Task No.: 103.0510

Capital / O&M (circle one)

FDS0010925

TIME: 3:33 AM/PM

DATE OF DAMAGE: 3/9/10

Cost Center No.: 5926

DAMAGE SITE ADDRESS: 1634 Orinoco Ave. Apt. A

LOT #: _____ CITY: Columbus, IN 47201

FACILITIES DAMAGED	SIZE(S)
<input type="checkbox"/> MAIN	<input type="checkbox"/> 0.50 INCH
<input checked="" type="checkbox"/> SERVICE	<input type="checkbox"/> 0.75 INCH
<input type="checkbox"/> REGULATOR STATION	<input checked="" type="checkbox"/> 1.00 INCH
<input type="checkbox"/> FARM TAP	<input type="checkbox"/> 2.00 INCH
<input type="checkbox"/> RESIDENTIAL METER	<input type="checkbox"/> 4.00 INCH
<input type="checkbox"/> METER INDUSTRIAL/COMMERICAL	<input type="checkbox"/> 6.00 INCH
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER

TYPE OF MATERIAL	DAMAGE TYPE	PRESSURE
<input checked="" type="checkbox"/> PLASTIC	<input type="checkbox"/> SEVERED	<input type="checkbox"/> 25 PSIG
<input type="checkbox"/> STEEL	<input type="checkbox"/> NOT CUT	<input type="checkbox"/> 40 PSIG
<input type="checkbox"/> CAST IRON	<input checked="" type="checkbox"/> PUNCTURE	<input type="checkbox"/> 50 PSIG
<input type="checkbox"/> OTHER	SIZE <u>1/4" X 1/4"</u>	<input checked="" type="checkbox"/> 60 PSIG
		<input type="checkbox"/> 6 WC
		<input type="checkbox"/> OTHER

PROTECTION IN PLACE

RAIL POST NONE N/A

LEAK REPORT

611674

DURATION OF ESCAPING GAS

MINUTES 20

EFV ACTIVATED YES NO

DAMAGED BY	TYPE OF CONSTRUCTION
<input checked="" type="checkbox"/> CONTRACTOR	<input checked="" type="checkbox"/> SEWER/DRAIN
<input type="checkbox"/> MUNICIPALITY/UTILITY	<input type="checkbox"/> WATER
<input type="checkbox"/> VEHICULAR ACCIDENT	<input type="checkbox"/> ELECTRIC
<input type="checkbox"/> COMPANY CREW	<input type="checkbox"/> TELEPHONE
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> CEMENT/PAVING
<input type="checkbox"/> PROPERTY OWNER/TENANT	<input type="checkbox"/> TV CABLE
<input type="checkbox"/> OTHER	<input type="checkbox"/> FENCING
	<input type="checkbox"/> FOOTERS
	<input type="checkbox"/> OTHER

WORKING FOR

CITY STATE PROPERTY OWNER

NAME unknown

TYPE OF EQUIPMENT	DAMAGING PARTY
<input type="checkbox"/> BACKHOE	<input checked="" type="checkbox"/> DID NOT REQUEST LOCATES
<input type="checkbox"/> TRACKHOE	<input type="checkbox"/> DID NOT HAND DIG
<input type="checkbox"/> PLOW	<input type="checkbox"/> USED EXPIRED LOCATES
<input type="checkbox"/> TRENCHER	<input type="checkbox"/> OTHER
<input type="checkbox"/> BULLDOZER	
<input type="checkbox"/> POSTHOLE DIGGERS	NUMBER OF CUSTOMERS AFFECTED: <u>2</u>
<input type="checkbox"/> BORE	
<input type="checkbox"/> AUGER	TOTAL HOURS SERVICE WAS OFF: <u>1</u>
<input type="checkbox"/> STAKE/SHOVEL	
<input checked="" type="checkbox"/> OTHER <u>proberod.</u>	

INVOICE: YES NO

DAMAGING PARTY

NAME: RON JONES 812-703-3510

ADDRESS: 652 N. PARK DR.

CITY/STATE/ZIP: EDINBURGH, IN. 46124

PREPARED BY: Dan Ragan DATE: 3-9-10

VISUAL OBSERVATION AT DAMAGE SITE 8/10

LOCATE NOT APPLICABLE (Above Ground Damage Only)

FACILITIES PROPERLY MARKED

MARKING METHODS: CONVENTIONAL OFFSET

FLAGS PAINT STAKES WHISKERS

LOCATE MARKINGS FADED: YES NO

WRONG ADDRESS REQUESTED

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

QUALIFIED LOCATOR COULD HAVE ACCURATELY LOCATED

INCOMPLETE LOCATE

MARKINGS OFF BY _____ (FEET/INCHES)

INAPPROPRIATE SITE MARKINGS

NO LOCATE PERFORMED

FAILURE TO FOLLOW POLICY

WRONG ADDRESS LOCATED

OBSERVATION BY: _____

NAME OF LOCATOR: _____

COPY OF MARKOUT REQUEST PROVIDED WITHIN 2 WORKING DAYS

NOTIFICATION AND OTHER DETAILS OF LOCATE

LOCATE TICKET #: Hand Dug

DATE: _____ TIME: _____ AM/PM

REGULAR REQUEST EMERGENCY REQUEST

LOCATE COMPANY NOTIFIED

CONTACT NAME: _____

TIME CALLED: _____ AM/PM

TIME LOCATOR ARRIVED AT SITE: _____ AM/PM

COMPANY NOTIFIED OF LOCATE NEAR CRITICAL FACILITIES:

YES NO

CONTRACTOR REPAIRS

CONTRACTOR WORKING FOR VECTREN MADE REPAIRS AT OWN EXPENSE

CONTRACTOR REPAIRED DAMAGE

NAME OF CONTRACTOR: _____

OF REGULAR HOURS _____

OF OVERTIME 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.)

PARTY TO INVOICE

NAME: Ron Jones

ADDRESS: 652 N. Park Dr.

CITY/STATE/ZIP: Edinburgh, IN 46124

REVIEWED BY FIELD SUPERVISOR: Bill Bawts DATE: 3/10/10

STORE TRANSACTION TICKET SERVICE MATERIAL NEW CONSTRUCTION

ISSUE

----- RETURN FROM STOREROOM COLUMBUS NO. 9Q3 / 41

----- TRANSFER TO STOREROOM----- NO. -----

QUANTITY	DESCRIPTION	UOM	CLASS	ITEM	PROJECT NUMBER	TASK NO.
	1" plastic pipe	ft	07	5000	592631001	046
	2" plastic pipe	ft	08	0002	592631001	046
	¾" pipe bs cpe. 113	ft	09	3412	592631001	046
	1" black pipe	ft	09	8635	592631001	046
	Meter bracket post	ea	13	0590	592631001	046
	Meter set ¾" 2lb.	ea	13	0900	592631001	046
	Meter set ¾" 6wc	ea	13	0905	592631001	046
	1" excess flow valve	ea	14	2870	592631001	046
	1" plastic valve	ea	14	4869	592631001	046
	Sleeve protective	ea	22	4320	592631001	046
	Bolt-on 2 x 1	ea	22	5550	592631001	046
	1" lycofit coupling	ea	22	9371 9370	592631001	046
	1" stab coupling	ea	22	9396	592631001	046
	Transfit 1" ¾	ea	22	9760	592631001	046
	Riser 1" x ¾"	ea	40	8615	592631001	046
	¾" steel punch tee	ea	44	3780	592631001	046
	Anode 3#	ea	60	0325	592631001	046
	Anode 17#	ea	60	0370	592631001	046
	Box curb 2" ext	ea	15	0400	592631001	046
	Box curb box	ea	15	1700	592631001	046
	Box curb box	ea	15	1900	592631001	046
	Warning tape	rl	17	9510	5926opstores	452
	Wire yellow boring	ft	17	9597	5926opstores	452
	Wire yellow #12	ft	17	9800	5926opstores	452
	Leak detection soap	ea	62	3700	5926opstores	451
	Meter 250/275	ea	UC	8188	592631001	046

REMARKS FDS # 0010925

SUBMITTED BY Dan Rager APPROVED BY _____ COMPLETED BY _____ DATE 3-10-10

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):

Visual, Facility Exposed At Time Of Investigation,
Investigation Results Verified By Utility Representative

INVESTIGATOR STATEMENT/CAUSAL FACTORS:
NO LOCATE CALLED

NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
DAN RAEGER, JOE

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
RON JONES SAID HE WAS PROBING FOR A SEWER CLEAN OUT WHEN HE HIT THE PL GAS SERVICE.

LIST ANY OTHER INDIVIDUALS ON SITE:
NONE

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? No

WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? Yes

WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE HOLE

REPLACEMENT FOOTAGE UNKNOWN

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No

WHAT CONTRACTOR EQUIPMENT WAS USED? SHOVELS

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? Yes

IF YES, PLEASE LIST RECORD #(S) SERVICE RECORD

Service Order Status

Wednesday, November 9, 2011

Enter Service Order Number:

4264367



Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N4264367

Order Type: LEAK

Order Status: Completed

Customer: 620978987 - BRIDGEWATER ERIC

Prem: 5475552 - 1634 ORINOCO AVE APT A

Technician: 2901 - Rager, Daniel

Order Dates and Times

Need Date: 3/9/2010 3:30:00 PM
Time Created: 3/9/2010 3:28:10 PM
Time Dispatched: 3/9/2010 3:28:10 PM
Time In Route: 3/9/2010 3:34:20 PM
Time On-Site: 3/9/2010 3:41:36 PM
Tech Complete: 3/9/2010 5:42:37 PM
Time Closed: 3/9/2010 5:42:37 PM

Events Performed/Completion Code

LKIN - CMP

Meter Information

Current ReadStatus

Old Meter: 8669 Active
New Meter:

Completion Notes

found contractor(Ron Jones) was using probing rod to locate sewer & punctured 1" plastic tan pipe. was able to squeeze off in differant hole & crew made repair. leak # 611674, no fds # yet. refer to orders-N4264382 & N4264586. okay

Request Notes

03/09/10 os/pos inside odor/strong hissing per Ron Jones contact #812-703-3510 doing locates for a sewer line for property owner and when he put prodin he started hearing hiss and smelling odor, no pe ts, meter loc os, xst 17th

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	3/9/2010 3:31:38 PM	Rager, Daniel
AsnAssignmentEnRoute_evt	3/9/2010 3:34:20 PM	Rager, Daniel
AsnAssignmentManualAck_evt	3/9/2010 3:35:00 PM	Rager, Daniel
AsnAssignmentOnSite_evt	3/9/2010 3:41:36 PM	Rager, Daniel
OrdOrderComplete_evt	3/9/2010 5:42:37 PM	Rager, Daniel

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

Service Order Status

Wednesday, November 9, 2011

Enter Service Order Number:

4264586



Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N4264367

Order Type: LEAK

Order Status: Completed

Customer: 620978987 - BRIDGEWATER ERIC

Prem: 5475552 - 1634 ORINOCO AVE APT A

Technician: 2901 - Rager, Daniel

Order Dates and Times

Need Date: 3/9/2010 3:30:00 PM
Time Created: 3/9/2010 3:28:10 PM
Time Dispatched: 3/9/2010 3:28:10 PM
Time In Route: 3/9/2010 3:34:20 PM
Time On-Site: 3/9/2010 3:41:36 PM
Tech Complete: 3/9/2010 5:42:37 PM
Time Closed: 3/9/2010 5:42:37 PM

Events Performed/Completion Code

LKIN - CMP

Meter Information

Current ReadStatus

Old Meter: 8669 Active

New Meter:

Completion Notes

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MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	3/9/2010 3:31:38 PM	Rager, Daniel
AsnAssignmentEnRoute_evt	3/9/2010 3:34:20 PM	Rager, Daniel
AsnAssignmentManualAck_evt	3/9/2010 3:35:00 PM	Rager, Daniel
AsnAssignmentOnSite_evt	3/9/2010 3:41:36 PM	Rager, Daniel
OrdOrderComplete_evt	3/9/2010 5:42:37 PM	Rager, Daniel

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

Service Order Status

Wednesday, November 9, 2011

Enter Service Order Number:

4264382



Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N4264382

Order Type: LEAK

Order Status: Completed

Customer: 600413031 - AFFORDABLE FURNITURE

Prem: 5056021 - 1710 17TH ST

Technician: 2901 - Rager, Daniel

Order Dates and Times

Need Date: 3/9/2010 3:38:00 PM
Time Created: 3/9/2010 3:36:32 PM
Time Dispatched: 3/9/2010 3:36:32 PM
Time In Route: 3/9/2010 5:44:29 PM
Time On-Site: 3/9/2010 5:44:30 PM
Tech Complete: 3/9/2010 5:56:44 PM
Time Closed: 3/9/2010 5:56:44 PM

Events Performed/Completion Code

LKOT - NAC

Meter Information

Current ReadStatus

Old Meter:

New Meter:

Completion Notes

found contractor(Ron Jones) was using probing rod to locate sewer & punctured 1" plastic tan pipe. was able to squeeze off in differant hole & crew made repair. leak # 611674, no fds # yet. refer to orders-N4264382 & N4264586. okay

Request Notes

LUCY TRUMAN CELL 812-350-4729 SMELLING STRONG ODOR ALL OS CANT HEARNOISE NOT IN BLDG LUCY OS SOMEONE THERE XST:ORINOCO NO PETS BUSPREC VBOMAN.

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	3/9/2010 3:37:01 PM	Rager, Daniel
AsnAssignmentEnRoute_evt	3/9/2010 5:44:29 PM	Rager, Daniel
AsnAssignmentOnSite_evt	3/9/2010 5:44:30 PM	Rager, Daniel
OrdOrderComplete_evt	3/9/2010 5:56:44 PM	Rager, Daniel

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

NO
EXCAVATOR
RESPONSE
PROVIDED