



Pipeline Safety Division Investigation Report

Investigation regarding: **Telecom Placement, Inc**

UPPAC Database Record ID: 2936

Investigator: Howard Friend

Report Date: 8/10/2012

Damage Date: 5/8/2012 6:46:31 PM

Damage Address: 12875 Broad St

City: Carmel

County: Hamilton

The Parties

Excavator: **Telecom Placement, Inc**

Contact: Tony Harvey

Address: 15405 Little Eagle Creek Ave, Zionsville, In 46077

Telephone:

Facility Owner: Vectren

Contact: Darlene Kulhanek

Address: 1 N Main Street, Evansville, IN 47702

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: Telecom Placement, Inc

UPPAC Database Record ID: 2936

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$3997

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1205011090

Type of Equipment: Boring

Type of work performed: Cable TV

Synopsis: A two (2) inch plastic natural gas main was damaged during excavation to install a cable TV line.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 6/18/2012. Excavator had a valid locate number and the operator reports the locate marks had not been maintained to adequately identify the underground facility. The damage occurred seven (7) days after the locate notice was requested.

Conclusion: There was a failure to maintain the facility markings.

Violation: IC 8-1-26-18(h): Knowingly moves, removes, damages or otherwise alters a facility marking.

Telecom Placement, Inc currently has 35 other reports of possible damages in the record, between 7/21/2009 12:55:33 PM and 7/13/2012 1:14:16 PM.



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

July 5, 2012

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

Subject: Investigation Request for Information

Date of Event: 5/8/2012

Event Location: 12875 Broad St, Carmel

Facility Owner: Vectren

Excavator: Telecom Placement, Inc

Other Party: N/A

Pipeline Division Case No. 2936

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.**



DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: 7-13-2012

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: Telecom Placement, Inc.

Business address (*number and street*): 15405 Little Eagle Creek Avenue

City, State, and ZIP code: Zionsville, IN 46077

Telephone number (*area code*): 317-873-2188

Fax number (*area code*): 317-769-4645

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Boring

Type of work performed: Cable TV

Date and Location of Damage

Date of damage (month, day, year): 5-8-2012

County: Hamilton

City: Carmel

Street address (number and street, city, state, and ZIP code):
12875 Broad Street, Carmel, IN

Nearest intersection: Unknown

Right of way where damage occurred: Dedicated Public Utility Easement

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? No

If yes, how many affected? 0

Time to restore service (in hours): 0

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 3,996.66

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: 1205011090

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? No

Type of markings used: Paint

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? 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? Yes

Description of Cause

Select from the list the most accurate cause for the damage: --Facility could not be found/located

Additional Comments

2" plastic main damaged by bore. Broken or no tracer wire.

FACILITIES DAMAGE REPORT GAS

Task No.: _____ Capital / O&M (circle one)

FDS. 0016193

FACILITY TYPE

TIME OCCURRED: 7:00 AM/PM
TIME FOUND: _____ AM/PM

DATE OF DAMAGE: 5/8/12

- DISTRIBUTION
- PROPANE
- SERVICE
- STORAGE
- TRANSMISSION (include supplemental report)

LATITUDE 29.973750
LONGITUDE -86.196770

Cost Center No.: 5890

DAMAGE SITE ADDRESS: 12875 Broad St LOT # _____

COUNTY Hamilton CITY: Carmel STATE: IN TOWNSHIP Clay

FACILITIES DAMAGED	ORIFICE SIZE(S)	(1)	(2)	(3)	VISUAL OBSERVATION AT DAMAGE SITE
<input type="checkbox"/> FARM TAP	0.50 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> VISUAL OBSERVATION <input type="checkbox"/> ABOVE GROUND
<input type="checkbox"/> HEATER	5/8 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> BELOW GROUND
<input checked="" type="checkbox"/> MAIN	0.75 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LOCATE APPLICABLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/S
<input type="checkbox"/> METER RESIDENTIAL	1.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FACILITIES PROPERLY MARKED
<input type="checkbox"/> METER INDUSTRIAL/COMMERCIAL	1.25 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/S
<input type="checkbox"/> ODORIZER	10.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MARKING METHODS: <input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> FLAGS
<input type="checkbox"/> REGULATOR STATION	12.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NONE <input type="checkbox"/> OFFSET <input checked="" type="checkbox"/> PAINT <input type="checkbox"/> STAKES <input type="checkbox"/> WHISKERS
<input type="checkbox"/> RELIEF VALVE	16.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOCATE MARKINGS FADED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/S
<input type="checkbox"/> RISER	2.00 INCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WRONG ADDRESS REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/S
<input type="checkbox"/> SERVICE LINE	20.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> FACILITIES IMPROPERLY LOCATED
<input type="checkbox"/> VALVE	3.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> QUALIFIED LOCATOR COULD NOT HAVE ACCURATELY LOCATED
IF OTHER _____	4.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> INACCURATE MAPS/CARDS
	5.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> BROKEN OR NO TRACER WIRE (PLASTIC)
	6.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> INSULATION PREVENTING ACCURATE LOCATE
	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> LOCATOR ERROR

TYPE OF MATERIAL	DAMAGE TYPE	PRESSURE
<input type="checkbox"/> CAST IRON	<input type="checkbox"/> SEVERED	<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 checked="" type="checkbox"/> PUNCTURE	<input type="checkbox"/> 50 PSIG
<input type="checkbox"/> STEEL	SIZE 1/4 X 1/4	<input type="checkbox"/> 55 PSIG
IF OTHER _____		<input checked="" type="checkbox"/> 60 PSIG
		<input type="checkbox"/> 6 WC (.2163)
		<input type="checkbox"/> 7 WC (.252)
		<input type="checkbox"/> OTHER _____

PROTECTION IN PLACE
 BUILDING FENCE NONE
 POST RAIL VAULT N/A
 IF OTHER _____

DURATION OF ESCAPING GAS
 MINUTES 3 hrs

LEAK REPORT NUMBER # _____ EFV ACTIVATED YES NO
 N/S

FEED TYPE
 ONE-WAY FEED
 TWO-WAY FEED

NUMBER OF CUSTOMERS AFFECTED: _____
 TOTAL HOURS SERVICE WAS OFF: _____

SERVICE ORDER # N5236402

DAMAGED BY	TYPE OF CONSTRUCTION
<input type="checkbox"/> COMPANY CREW	<input type="checkbox"/> AGRICULTURE
<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> BLDG. CONSTRUCTION
<input type="checkbox"/> COUNTY	<input type="checkbox"/> BLDG. DEMOLITION
<input type="checkbox"/> DEVELOPER	<input checked="" type="checkbox"/> CABLE TV
<input type="checkbox"/> FARMER	<input checked="" type="checkbox"/> CURBS/SIDEWALKS
<input type="checkbox"/> MUNICIPALITY	<input type="checkbox"/> DRAINAGE
<input type="checkbox"/> PROPERTY OWNER/TENANT	<input type="checkbox"/> DRIVEWAY
<input type="checkbox"/> RAILROAD	<input type="checkbox"/> ELECTRIC
<input type="checkbox"/> STATE	<input type="checkbox"/> ENGINEERING/SURVEYING
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> FENCING
<input type="checkbox"/> UTILITY	<input type="checkbox"/> GRADING
<input type="checkbox"/> VEHICULAR ACCIDENT	<input type="checkbox"/> IRRIGATION
<input type="checkbox"/> IF OTHER _____	<input type="checkbox"/> LANDSCAPE
	<input type="checkbox"/> LIQUID PIPELINE
	<input type="checkbox"/> MILLING
	<input type="checkbox"/> NATURAL GAS
	<input type="checkbox"/> POLE
	<input type="checkbox"/> PUBLIC TRANSIT AUTHORITY
	<input type="checkbox"/> RAILROAD MAINTENANCE
	<input type="checkbox"/> IF OTHER _____

WORKING FOR
 CITY COUNTY DEVELOPER
 PROPERTY/OWNER STATE
 UTILITY Bright House
 IF OTHER _____

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: _____
 NAME OF LOCATOR: _____
 LOCATING ORGANIZATION _____
 CONTRACT LOCATOR
 UNKNOWN/ OTHER
 UTILITY OWNER

COPY OF MARKOUT REQUEST PROVIDED WITHIN 2 WORKING DAYS
 YES NO N/S

NOTIFICATION AND OTHER DETAILS OF LOCATE
 LOCATE TICKET #: _____
 DATE: _____ TIME: _____ AM/PM

REGULAR REQUEST EMERGENCY REQUEST

CONTACT NAME: _____
 TIME CALLED: _____ AM/PM
 TIME LOCATOR ARRIVED AT SITE _____ AM/PM

LOCATE COMPANY NOTIFIED YES NO N/S

COMPANY NOTIFIED OF LOCATE NEAR CRITICAL FACILITIES
 YES NO N/S

ONE CALL CENTER
 IUPPS
 OUPS
 UNKNOWN

TYPE OF EQUIPMENT	DAMAGING CAUSE
<input type="checkbox"/> AUGER	<input type="checkbox"/> ABANDON FACILITY
<input type="checkbox"/> BACKHOE/TRACKHOE	<input type="checkbox"/> DETERIORATED FACILITY
<input checked="" type="checkbox"/> BORING	<input type="checkbox"/> FACILITY COULD NOT BE FOUND/LOCATED
<input type="checkbox"/> DRILLING	<input checked="" type="checkbox"/> FACILITY WAS NOT LOCATED/MARKED
<input type="checkbox"/> EXPLOSIVES	<input type="checkbox"/> FAILURE TO MAINTAIN CLEARANCE
<input type="checkbox"/> FARM EQUIPMENT	<input type="checkbox"/> FAILURE TO MAINTAIN MARKS
<input type="checkbox"/> GRADER/SCRAPER	<input type="checkbox"/> FAILURE TO SUPPORT EXPOSED FACILITY
<input type="checkbox"/> HAND TOOLS	<input type="checkbox"/> FAILURE TO USE HAND TOOLS WHERE REQ
<input type="checkbox"/> MILLING EQUIPMENT	<input type="checkbox"/> IMPROPER BACKFILLING
<input type="checkbox"/> PLOW	<input type="checkbox"/> INCORRECT RECORDS/MAPS
<input type="checkbox"/> PROBING DEVICE	<input type="checkbox"/> MARKING OR LOCATIONS NOT SUFFICIENT
<input type="checkbox"/> TRENCHER	<input type="checkbox"/> NO NOTIFICATION MADE TO ONE-CALL CENT
<input type="checkbox"/> VACUUM EQUIPMENT	<input type="checkbox"/> ONE-CALL NOTIFICATION ERROR
<input type="checkbox"/> VEHICLE	<input type="checkbox"/> PREVIOUS DAMAGE
<input type="checkbox"/> IF OTHER _____	<input type="checkbox"/> WRONG INFORMATION PROVIDED
	<input type="checkbox"/> IF 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
EVACUATION REQUIRED? YES NO
MEDIA AT SITE? YES NO
WAS THERE IGNITION OF GAS? YES NO

INVOICE: YES NO N/S

PARTY TO INVOICE
NAME: TPJ
ADDRESS: 15405 Little Eagle Cree
CITY/STATE/ZIP: Zionsville IN 46077
PHONE NUMBER: 317-769-1111

DAMAGING PARTY
NAME: TPJ
ADDRESS: 15405 Little Eagle Ave
CITY/STATE/ZIP: Zionsville IN 46077
PHONE NUMBER: 317-769-1111
PREPARED BY: Lay Vandiver DATE: _____

REVIEWED BY FIELD SUPERVISOR _____ DATE _____

We could not locate the gas main once we found it was where it was. TPJ had dug on 150' location found no gas main. They thought they would dig 40' deep push from the hole and check the main that was not located.

Ticket Text and Map display for Ticket: # 1205011090

NORMAL NOTICE

Ticket : 1205011090 Date: 05/01/2012 Time: 10:08 Oper: BTHOMPSON Chan:084

State: IN Cnty: HAMILTON Twp: CLAY
 Cityname: CARMEL Inside: Y Near: N
 Subdivision: VILLAGE OF WEST CLAY

Address : 12875
 Street : BROAD ST
 Cross 1 : BROUGHTON ST Within 1/4 mile: Y
 Location: LOCATE A 40 FOOT RADIUS OF POWER METERS IN THE REAR OF THE BUILDING
 INCLUDING BOTH SIDES OF THE ALLEY AND ALLEY WAY NORTH FOR APPROX 125 FEET WITH A
 40 FOOT RADIUS AROUND ALL FIXTURES--PLEASE USE HEAVY PAINT AND FLAG
 ***Boring Where = UNDER BROUGHTON STREET

Grids : 3958C8611A 3958B8611A

Work type : INSTALLING CABLE
 Done for : BRIGHT HOUSE NETWORKS
 Start date: 05/03/2012 Time: 10:30 Hours notice: 48/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: N
 Duration : 15 DAYS Depth: 10 FEET

Company : TELECOM PLACEMENT Type: CONT
 Co addr : 15405 LITTLE EAGLE CREEK AVE
 City : ZIONSVILLE State: IN Zip: 46077
 Caller : PAUL FISHER Phone: (317)873-2188
 Contact : PAUL FISHER CELL Phone:
 BestTime:
 Mobile : (317)753-1974
 Fax : (317)769-4645

Remarks : All tickets are taken and processed on Eastern Daylight Time
 Will you be white-lining the dig site area? NO

Submitted date: 05/01/2012 Time: 10:08
 Members: ID0002 ID0103 ID0660 ID2400 ID9200 ID9999 PE SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
BRIGHT HOUSE NETWORKS INDIANAPOLIS	CABLE TV
CARMEL UTILITIES	
CLAY TOWNSHIP REGIONAL WASTE DISTRICT	SEWER
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
PANHANDLE EASTERN PIPELINE CO.	PIPELINE
VECTREN - NOBLESVILLE #1	GAS

[View Map](#)

[Close Map](#)

DAMAGE SEE REMARKS

Ticket : 1205083296 Date: 05/08/2012 Time: 18:41 Oper: AHUNTER Chan:016

State: IN Cnty: HAMILTON Twp: CLAY
 Cityname: CARMEL Inside: Y Near: N
 Subdivision: VILLAGE OF WEST CLAY

Address : 12875
 Street : BROAD ST
 Cross 1 : BROUGHTON ST Within 1/4 mile: Y
 Location: LOCATE A 40 FOOT RADIUS OF POWER METERS IN THE REAR OF THE BUILDING
 INCLUDING BOTH SIDES OF THE ALLEY AND ALLEY WAY NORTH FOR APPROX 125 FEET WITH A
 40 FOOT RADIUS AROUND ALL FIXTURES--PLEASE USE HEAVY PAINT AND FLAG
 ***Boring Where = UNDER BROUGHTON STREET
 :
 Grids : 3958C8611A 3958B8611A

Work type : INSTALLING CABLE
 Done for : BRIGHT HOUSE NETWORKS
 Start date: 05/08/2012 Time: 18:43 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: Y Railroad: N Emergency: Y
 Duration : 15 DAYS Depth: 10 FEET

Company : TELECOM PLACEMENT Type: CONT
 Co addr : 15405 LITTLE EAGLE CREEK AVE
 City : ZIONSVILLE State: IN Zip: 46077
 Caller : TONY HARVEY Phone: (317)873-2188
 Contact : PAUL FISHER CELL Phone:
 BestTime:
 Mobile : (317)753-1974
 Fax : (317)769-4645

Remarks : All tickets are taken and processed on Eastern Daylight Time
 A VECTREN GAS LINE HAS BEEN DAMAGED-- THE GAS LINE IS BLOWING GAS CAN BE HEARD
 AND SMELT-- THE LINE WAS DAMAGED IN THE FRONT EASEMENT OF THE PROPERTY -- CALLER
 CAN NOT DESCRIBE THE LINE-- CALLER HAS CALLED 911-- CREW IS ON SITE-- ADVISED
 CALLER TO CALL AND REPORT THE DAMAGE TO THE UTILITY COMPANY-- PREVIOUS TICKET
 NUMBER-- 1205011090-- THANK YOU
 Will you be white-lining the dig site area? NO
 :

Submitted date: 05/08/2012 Time: 18:41
 Members: ID0002 ID0103 ID0660 ID2400 ID9200 ID9999 PE SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
BRIGHT HOUSE NETWORKS INDIANAPOLIS	CABLE TV
CARMEL UTILITIES	
CLAY TOWNSHIP REGIONAL WASTE DISTRICT	SEWER
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
PANHANDLE EASTERN PIPELINE CO.	PIPELINE
VECTREN - NOBLESVILLE #1	GAS

[View Map](#) | [Close Map](#)

Service Order Status

Friday, May 18, 2012

Enter Service Order Number:

5236402

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5236402
Order Type: LEAK
Order Status: Completed

Customer: 621223718 - AMERICAN INTERNATIONAL FINANCE
Prem: 5849978 - 12875 BROAD ST STE 100

Technician: 2043 - Venable, Jay

Order Dates and Times

Need Date: 5/8/2012 7:41:00 PM
Time Created: 5/8/2012 6:53:00 PM
Time Dispatched: 5/8/2012 6:54:53 PM
Time In Route: 5/8/2012 7:05:45 PM
Time On-Site: 5/8/2012 7:36:09 PM
Tech Complete: 5/8/2012 11:54:50 PM
Time Closed: 5/8/2012 11:54:50 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus
Old Meter: 4863 Active
New Meter:

Completion Notes

cut 2 in pla main bored into company crew matt caldwell and jermey ransford onsite unable to locate main installed dead end cap to make safe

Request Notes

5-8-12 FIRE DEPT CALLED AND REPORTED HIT GAS LINE-UNSURE WHO HIT IT.FD ENROUTE NOW-TONY HARVEY WITH TELECOM PLACEMENT-LOC# 1205011030PH# 317-753-2521- DISPATCHER FROM FD 317-571-2580 POC MCGEE..

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	5/8/2012 6:53:40 PM	Caldwell, Matt
AsnAssignmentManualAck_evt	5/8/2012 7:05:04 PM	Venable, Jay
AsnAssignmentEnRoute_evt	5/8/2012 7:05:45 PM	Venable, Jay
AsnAssignmentOnSite_evt	5/8/2012 7:36:09 PM	Venable, Jay
OrdOrderComplete_evt	5/8/2012 11:54:50 PM	Venable, Jay

NOTE:The Reporting database replicates in near real-time; it has been approximately 1 minute(s) since the last transaction replicated.