



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Johannigman Excavating Inc.**

UPPAC Database Record ID: 3012

Investigator: Howard Friend

Report Date: 8/10/2012

Damage Date: 6/12/2012

Damage Address: 502 W. Pearl St.

City: Batesville

County: Ripley

### The Parties

Excavator: **Johannigman Excavating Inc.**

Contact: Bob Johannigan

Address: 5869 S. Us. 421, Greensburg, In. 47240

Telephone: 812-852-2800

Facility Owner: Batesville Water & Gas

Contact: Scott Bauer

Address: 7 N Eastern Avenue, Batesville, IN 47006

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

**Investigation regarding: Johannigman Excavating Inc.**

UPPAC Database Record ID: 3012

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 23

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$0

**Excavator Activities/Cause of damage information:**

Excavator request locates: Yes Indiana 811 ticket Number:

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Road Work

**Synopsis:** A natural gas valve was damaged during excavation to remove asphalt. The excavator called the utility directly to request that they locate the service. Utility employees provided accurate markings for the excavation and the excavator acknowledges being aware of the valve.

**Findings:** Reported by Scott Bauer of Batesville Gas; excavator's response to initial notice was received on 8/9/2012. Part of the valve was encased in asphalt; when the asphalt was pulled up the valve was broken. Excavator failed to maintain clearance from the valve.

**Conclusion:** There was a failure to maintain two (2) feet clearance with mechanized equipment.

**Violation: IC 8-1-26-29(b): Failure to maintain two (2) feet clearance with mechanized equipment.**



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jun 15, 2012

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### Who is submitting this information?

Name of person providing this information: Scott Bauer

Business address (*number and street*): Batesville Gas Utility 7 N. Eastern Ave.

City, State, and ZIP code: Batesville, IN. 47006

Telephone number (*area code*): 812-934-3811

Fax number (*area code*): 812-934-6581

E-mail address: sbauer@batesvilleindiana.us

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### Excavator Information, if known

Full name: Johannigman Excavating Inc.

Business address (*number and street*): 5869 S. US. 421

City, State, and ZIP code: Greensburg, IN. 47240

Telephone number (*area code*): 812-852-2800

Fax number (*area code*): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Road Work

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## Date and Location of Damage

Date of damage (*month, day, year*): June 12, 2012 \_\_\_\_\_

County: Ripley \_\_\_\_\_

City: Batesville \_\_\_\_\_

Street address (*number and street, city, state, and ZIP code*):  
502 W. Pearl St. Batesville, IN. 47006 \_\_\_\_\_

Nearest intersection: Second St. \_\_\_\_\_

Right of way where damage occurred: Public - City Street

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? 23 \_\_\_\_\_

Time to restore service (*in hours*): 5 \_\_\_\_\_

Enter number of injuries, if applicable and known: 0 \_\_\_\_\_

Enter number of fatalities, if applicable and known: 0 \_\_\_\_\_

Property damage, Estimate \$ 0 \_\_\_\_\_

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## 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? 12 \_\_\_\_\_

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## Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: \_\_\_\_\_

Was the locate request completed within two working days?

If locates were performed, were they done so by a contractor or pipeline employee? Utility Owner

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

Were facility marks visible in the area of excavation? Yes

Were facilities marked correctly? Yes

Type of markings used: Paint

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

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Yes

Were pipeline company representatives on site during excavation? Yes

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? No

Did the excavator notify 911 in the event of a release of product? No

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --Failure to use hand tools where required

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### **Additional Comments**

Contractor called the Utility direct for locates. Contractor damaged coating on gas main and as Gas Co. workers were recoating gas main down the street when the contractors trackhoe hit top of gas service tap pulling it from the main. Section of main was quickly shut down & repairs made.



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3012 \_\_\_\_\_

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

*Upon completion of answers select email button for submission.*

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### The Parties

#### Excavator Information:

Business Name: Johanningman Excavating Inc.

Responsible Party Personal Name: \_\_\_\_\_

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

Address (number and street): 5869 S. US. 421

City, State and ZIP Code: Greensburg, IN. 47240

Preferred Telephone Number (area code): 812-852-2800

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Facility Information:

Business Name: Batesville Water & Gas Utility

Responsible Party Personal Name: Scott Bauer

Title (if any): Gas Manager

Address (number and street): 7 N. Eastern Ave. P.O. Box 97

City, State and ZIP Code: Batesville, IN. 47006

Preferred Telephone Number (area code): 812-934-3811

Cellular Telephone Number (area code): 812-212-0058

Email Address: sbauer@batesvilleindiana.us

**Locator Service Information:**

Business Name: Batesville Water & Gas Utility

Responsible Party Personal Name: Ted Merkel

Title (*if any*): Serviceman/Locator

Address (*number and street*): 7 N. Eastern Ave.

City, State and ZIP Code: Batesville, IN. 47006

Preferred Telephone Number (area code): 812-934-3811

Cellular Telephone Number (area code): 812-212-0053

Email Address: \_\_\_\_\_

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**Cause of Damage Information**

**Type of Equipment (*select one*):** Backhoe/Trackhoe

**Type of Work Performed (*select one*):** Road Work

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

Personal Contact: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

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

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Utility Line Impact

#### Location of Damage:

Address (*number and street*): 502 W. Pearl St.

City, State and ZIP Code: Batesville, IN. 47006

Nearest Intersection: Second St.

**Product Type (*select one*):** Natural Gas

**Facility Type (*select one*):** Service/Drop

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

**Pressure (PSIG/Inches):** 30 psi

**Interruption in Service:**      Yes      No     **Number of Customers Affected:** 23

**Evacuation:**      Yes      No     **If yes, How Many Evacuated?** \_\_\_\_\_

**Repair Cost (if known):** \$ \_\_\_\_\_

**Release of Product:**      Yes      No

**Ignition and/or Fire:**      Yes      No

**Excavator Notify 811:**      Yes      No

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### Locate Information

**Excavator Request Locate:**      Yes      No

**Indiana 811 Locate Ticket Number:** They called the gas utility directly

**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

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**Incident Impact Information**

**Number of Outpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Inpatient Treated:** <sup>0</sup> \_\_\_\_\_

**Number of Fatalities:** <sup>0</sup> \_\_\_\_\_

**Fire Department Response:**  Yes  No

**Police Department Response:**  Yes  No

**Ambulance Response:**  Yes  No

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**Additional Information / Comments**

Contractor called the utility directly for locates. Contractor failed to hand dig when close to lines.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3012

Your Full Name: Scott Bauer

Full Name of Business / Entity (if applicable): Batesville Water & Gas Utility

Your Business Title (if applicable): Gas Manager

Address (number and street): 7 N. Eastern Ave. P.O. Box 97

City: Batesville State: IN ZIP Code: 47006

Your E-mail Address: sbauer@batesvilleindiana.us

Today's Date (month, day, year): 7/18/2012

Your Signature: \_\_\_\_\_ Title (if any) Gas manager

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3012**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)



**INFORMATION REQUEST**

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

**Case Number:** 3012

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

*Upon completion of answers select email button for submission.*

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**The Parties**

**Excavator Information:**

Business Name: Johannigman Excavating, Inc.

Responsible Party Personal Name: Bob Johannigman

Title (if any): Owner

Address (number and street): 5869 S US Hwy 421

City, State and ZIP Code: Greensburg, IN 47240

Preferred Telephone Number (area code): (812) 852-2800

Cellular Telephone Number (area code): (812) 614-4222

Email Address: bob@johannigmanexcavating.com

**Facility Information:**

Business Name: Batesville Water & Gas

Responsible Party Personal Name: Ted Merkel

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

Address (number and street): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Locator Service Information:**

Business Name: \_\_\_\_\_

Responsible Party Personal Name: \_\_\_\_\_

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

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Cause of Damage Information**

**Type of Equipment (*select one*):** Backhoe/Trackhoe

**Type of Work Performed (*select one*):** Road Work

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

Personal Contact: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

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

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): \_\_\_\_\_

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Utility Line Impact**

**Location of Damage:**

Address (*number and street*): 502 W Pearl St

City, State and ZIP Code: Batesville, IN 47006

Nearest Intersection: \_\_\_\_\_

**Product Type (*select one*):** Natural Gas

**Facility Type (*select one*):** Unknown/Other

**Size (Diameter/etc.):** Service Valve

**Pressure (PSIG/Inches):** Unkown

**Interruption in Service:**      Yes      No     **Number of Customers Affected:** \_\_\_\_\_

**Evacuation:**      Yes      No     **If yes, How Many Evacuated?** \_\_\_\_\_

**Repair Cost (if known):** \$ \_\_\_\_\_

**Release of Product:**      Yes      No

**Ignition and/or Fire:**      Yes      No

**Excavator Notify 811:**      Yes      No

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**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:** None

**Number of Inpatient Treated:** None

**Number of Fatalities:** None

- Fire Department Response:**  Yes  No  
**Police Department Response:**  Yes  No  
**Ambulance Response:**  Yes  No

**Additional Information / Comments**

The project required the removal of existing asphalt pavement in a roadway. The service valve box was noticed. The supervisor, Jason Trenkamp, on site noticed the service valve box and called Ted Merkel with Batesville Water and Gas. Ted responded to the site and located the line. The asphalt around the line was being removed when a chunk of asphalt pulled up around the service valve. The top of the service valve was located in the bottom of the asphalt. When the chunk of asphalt came free, the top of the service valve was broken. There were three employees from Batesville Water and Gas on site when the top of the valve was broken. They immediately shut the line down and replaced the broken valve. They stated that they were not going to charge us for the repair, as it was not our fault the valve was in the bottom of the asphalt and so shallow.

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3012

Your Full Name: Bob Johanigman

Full Name of Business / Entity (if applicable): Johannigman Excavating, Inc.

Your Business Title (if applicable): Owner

Address (number and street): 5869 S US Highway 421

City: Greensburg State: IN ZIP Code: 47240

Your E-mail Address: bob@johannigmanexcavating.com

Today's Date (month, day, year): 08/08/2012

Your Signature:  Title (if any) Owner

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3012**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

**[PipelineDamageCase@urc.in.gov](mailto:PipelineDamageCase@urc.in.gov)**