



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Ellis Tents & Events - Attn: Keith Griewe**

UPPAC Database Record ID: 3087

Investigator: Rich Medcalf

Report Date: 8/24/2012

Damage Date: 6/11/2012

Damage Address: West Washington Street

City: Orleans

County: Orange

### The Parties

Excavator: **Ellis Tents & Events - Attn: Keith Griewe**

Contact: Kieth Griewe

Address: 2300 North 250 West, Greensburg, In 47240

Telephone: 812-378-4440

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: Distribution

**Investigation regarding: Ellis Tents & Events - Attn: Keith Griewe**

UPPAC Database Record ID: 3087

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$806

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

Excavator request locates: No    Indiana 811 ticket Number: No locate requested

Type of Equipment: Hand Tools

Type of work performed: Unknown/Other

**Synopsis:** A ¾” natural gas service was damaged during excavation that involved driving stakes to secure a tent.

**Findings:** Reported by Phil Ross - Indiana Natural Gas Corporation; excavator did not respond to initial notice mailed July 13, 2012. Excavator failed to provide a notice to Indiana 811 prior to excavation which includes driving stakes.

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

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



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: Jun 18, 2012

---

### Who is submitting this information?

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

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

E-mail address: phil\_r@indiananatural.com

---

### Excavator Information, if known

Full name: Ellis Tents & Events - Attn: Keith Griewe

Business address (*number and street*): 2300 North 250 West

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

Telephone number (*area code*): 812-378-4440

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

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

---

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Unknown/Other

---

**Date and Location of Damage**

Date of damage (*month, day, year*): Jun 11, 2012 \_\_\_\_\_

County: Orange \_\_\_\_\_

City: Orleans \_\_\_\_\_

Street address (*number and street, city, state, and ZIP code*):  
West Washington Street, Orleans, IN 47452 \_\_\_\_\_

Nearest intersection: Maple St (aka SR37) \_\_\_\_\_

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? \_\_\_\_\_

Was there a customer service interruption? Yes

If yes, how many affected? 1 \_\_\_\_\_

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

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

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

Property damage, Estimate \$<sup>806.32</sup> \_\_\_\_\_

---

**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? 28 \_\_\_\_\_

---

**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: No locate requested \_\_\_\_\_

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? No

Were facilities marked correctly? Unknown/Other

Type of markings used:

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

Was site marked by "White Lining"?

Were special instructions part of the locate request?

Were maps used to complete the locate request?

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? Unknown/Other

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: --No notification made to the one-call center

---

### **Additional Comments**

Ellis Tents & Events erected a festival tent at Congress Square (the Orleans town Park) for a music festival the weekend of June 9/10 2012.

The tent was secured with 3-foot long tent stakes, driven in by hand with a sledgehammer, without utility locates.

One of the stakes punctured the top of a 3/4" PE Gas service line serving the town park.

Upon removing the stake on 6-11-12, workers noticed gas blowing out of the tent stake hole.

ING service personnel were notified by Orange County 911 Dispatch and responded, made the situation safe, called in for locates and repaired the service line.

IC 8-1-26-16(g) Failure to provide notice of excavation. MAO 6/19/2012.



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Jun 18, 2012

### Who is submitting this information?

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

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

E-mail address: phil\_r@indiananatural.com

### Excavator Information, if known

Full name: Ellis Tents & Events - Attn: Keith Griewe

Business address (*number and street*): 2300 North 250 West

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

Telephone number (*area code*): 812-378-4440

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

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

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Hand Tools

Type of work performed: Unknown/Other

---

**Date and Location of Damage**

Date of damage (*month, day, year*): Jun 11, 2012

County: Orange

City: Orleans

Street address (*number and street, city, state, and ZIP code*):  
West Washington Street, Orleans, IN 47452

Nearest intersection: Maple St (aka SR37)

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? \_\_\_\_\_

Was there a customer service interruption? Yes

If yes, how many affected? 1

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

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 806.32

---

**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? 28

---

**Notification, Locating, Marking**

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: None

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? No

Were facilities marked correctly? Unknown/Other

Type of markings used:

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

Was site marked by "White Lining"?

Were special instructions part of the locate request?

Were maps used to complete the locate request?

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? Unknown/Other

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: --No notification made to the one-call center

---

### Additional Comments

Ellis Tents & Events erected a festival tent at Congress Square (the Orleans town Park) for a music festival the weekend of June 9/10 2012.

The tent was secured with 3-foot long tent stakes, driven in by hand with a sledgehammer, without utility locates.

One of the stakes punctured the top of a 3/4" PE Gas service line serving the town park.

Upon removing the stake on 6-11-12, workers noticed gas blowing out of the tent stake hole.

ING service personnel were notified by Orange County 911 Dispatch and responded, made the situation safe, called in for locates and repaired the service line.



Acct# 2641 111 10000 00

Truck # 10

Order # 18693

Service \_\_\_\_\_ Meter \_\_\_\_\_ Leak Order X Misc \_\_\_\_\_ Work \_\_\_\_\_  
\*\*\*\*\*

Name TOWN OF ORLEANS , \_\_\_\_\_ Date 6/11/2012  
Addr SQUARE Time Called 15:32  
Town ORLEANS St IN Zip \_\_\_\_\_ Needed 6/11/2012

Mtr Location: Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Back \_\_\_\_\_ Taken By MR  
Remarks SHERIFFS DEPT pulled tentstake out smellsgas Cycle# 11  
MapPg# \_\_\_\_\_  
Owner \_\_\_\_\_ G/L# 879  
\*\*\*\*\*

Meter Reqst: Remove Meter \_\_\_\_\_ Set Meter \_\_\_\_\_ Set Regulator \_\_\_\_\_ Turn On \_\_\_\_\_  
Turn Off \_\_\_\_\_  
Meter # 0 Type \_\_\_\_\_ Xpondr# \_\_\_\_\_ Read Only \_\_\_\_\_  
Size 250 Orf \_\_\_\_\_ SetDate 1/1/2099 Chng Meter \_\_\_\_\_  
Check Meter \_\_\_\_\_  
Other X

Index 0 \_\_\_\_\_ 0 Press \_\_\_\_\_ New Xponder# \_\_\_\_\_  
5 Min. Leak Test OK \_\_\_\_\_ Set Date \_\_\_\_\_ New Xponder SetDate \_\_\_\_\_  
\*\*\*\*\*

Installation 6' Ft.of 3/4 PE X ST \_\_\_\_\_ New \_\_\_\_\_ Existing X Retire \_\_\_\_\_  
Remove 6' Ft.of 3/4 PE X ST \_\_\_\_\_ Retirmnt # \_\_\_\_\_

Remarks Repaired service  
\*\*\*\*\*

Leak Found : Yes X No \_\_\_\_\_ Leak Report # C2012-1149 CO Report # \_\_\_\_\_  
Ordorant Test : OK \_\_\_\_\_ Strong X Weak \_\_\_\_\_ N/A \_\_\_\_\_ Locate \_\_\_\_\_  
Red Tag # \_\_\_\_\_ Equip Shut Off \_\_\_\_\_  
Equip @ Site: Furnc \_\_\_\_\_ W/H \_\_\_\_\_ S/H \_\_\_\_\_ Rng \_\_\_\_\_ Dry \_\_\_\_\_ Grill \_\_\_\_\_ Logs \_\_\_\_\_ Other \_\_\_\_\_  
Desc of Work Prfrmd : repaired service  
\*\*\*\*\*

MATERIALS

Used	Return	Item#	\$Each	\$Total	Description
-----	-----	-----	-----	-----	-----

Total Inventory Cost - \$0

\*\*\*\*\*  
Date Started 6/11/2012 Date Completed 6/11/2012 Date Inputed 6/12/2012

PERFORMED BY ldn Approved By ldn

Town: ORLEANS  
Address: SQUARE  
Account 2641 111 10000 00

Map#: IUPPS Locate#:  
Work Order #: 18693

Type:	<input type="checkbox"/> Meter	<input type="checkbox"/> Valve Maintenance	<input type="checkbox"/> Cut + Plug / Retirement
	<input checked="" type="checkbox"/> Service	<input type="checkbox"/> Valve Box Repair	<input type="checkbox"/> Riser Repair / Replacement
	<input type="checkbox"/> Main	<input type="checkbox"/> Exposed Line	<input type="checkbox"/> Anode Installation
	<input checked="" type="checkbox"/> Leak Repair	<input type="checkbox"/> Sunken Cut	
	<input type="checkbox"/> Leak Investigation	<input type="checkbox"/> Clean up	<input checked="" type="checkbox"/> Other <b>no 811 locate</b>

Excavation Damage: <input checked="" type="checkbox"/> Yes	Jurisdictional: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Reportable: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---

Pop: <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Business <input type="checkbox"/> School Zone	Ground Surface: <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Soil + Pavement <input type="checkbox"/> Pavement <input type="checkbox"/> Gravel
---	--

Facility: <input type="checkbox"/> Main <input checked="" type="checkbox"/> Service <input type="checkbox"/> Cust. Pipe	System: <input type="checkbox"/> Dist. High (>60) <input checked="" type="checkbox"/> Dist. Medium (<60)	Location: <input type="checkbox"/> Riser <input type="checkbox"/> Compression Fitting <input type="checkbox"/> Meter <input checked="" type="checkbox"/> Pipe <input type="checkbox"/> Tapping Tee <input type="checkbox"/> Insulator <input type="checkbox"/> Valve <input type="checkbox"/> Appliance <input type="checkbox"/> Other
---	---	---

MAOP: Pressure: 58 psi	NOP: Pressure: 42 psi (Refer to Maps)
------------------------	---------------------------------------

Existing Excess Flow Valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Installed Excess Flow Valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

Line Test: Pressure: 100	Duration: 50min	<input type="checkbox"/> Chart <input checked="" type="checkbox"/> Gauge
--------------------------	-----------------	--

Facility Tested: Type <b>Plastic</b> Size <b>3/4</b> Footage <b>6'</b>
PreTested Coil# <b>0020</b> Description <b>3/4" dr11</b>

### Exposed Pipe Data - Visual Inspection Report

Name: <b>town of orleans</b>	Type of Work: <b>Leak Repair</b>
Class Location <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input checked="" type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	Year Installed
Pipe Material <input type="checkbox"/> Coated Steel <input checked="" type="checkbox"/> Plastic	
Pipe Depth <b>28"</b>	Pipe Wall Thickness <b>medium density</b> Pipe Size <b>3/4</b>
Pipe Condition <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor	CP Read <b>not available</b>
Pipe Coating: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input checked="" type="checkbox"/> None	Type: <input type="checkbox"/> Coal Tire <input type="checkbox"/> 3M <input type="checkbox"/> X-Tru
Pipe Cover <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Rock <input type="checkbox"/> Sand <input checked="" type="checkbox"/> Clay <input type="checkbox"/> Loam <input type="checkbox"/> Shale	
Pitting Depth <input checked="" type="checkbox"/> None <input type="checkbox"/> Shallow <input type="checkbox"/> Medium <input type="checkbox"/> Deep	
Extent of Corrosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Localized <input type="checkbox"/> Medium <input type="checkbox"/> Extensive	
Internal Corrosion <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Not Seen	
Installed Anode <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Installed Insulator: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Location: <input type="checkbox"/> Main <input checked="" type="checkbox"/> Service <input type="checkbox"/> Meter

Corrective Action (If Needed) **repaired damaged 3/4" service**

Leak# 2012-1149 Taken By **MR** Source:  Customer  Contractor  Fire/Police  
 Arrv. Date **6/11/2012** Arrv. Time **3:45:00 PM**  Field  Leak Survey  Spec Srvy  Ans. Service

Leak Found:  Yes  No Jurisdictional:  Yes  No Reportable:  Yes  No

Grade / Priority:  1 or C -Requires Immediate repair or continuous action until it is  
 2 or B -Eliminated by lubrication, adjustment, or tightening -  Yes  No  
 3 or A -Eliminated by lubrication, adjustment, or tightening -  Yes  No

Migration Potential:  High  Some  None Odor Read:  High  Medium  Low

CGI Read:  0 % Gas Barhole  0 % LEL Barhole  0 % Gas Inside  0 % LEL Inside

**Cause of Leak on Jurisdictional Pipe:**

<u>Corrosion:</u>	<u>Natural Forces:</u>	<u>Excavation:</u>	<u>Other Outside Force:</u>
<input type="checkbox"/> Corrosion (pinhole)	<input type="checkbox"/> Storm Damage <input type="checkbox"/> Earthquake <input type="checkbox"/> Erosion <input type="checkbox"/> Flood/Rain	<input type="checkbox"/> Damage by MNG/ING Contractor <input checked="" type="checkbox"/> 3rd Party Damage	<input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Vandalism <input type="checkbox"/> Other <input type="checkbox"/> Vehicular
<u>Material or Welds:</u>	<u>Equipment:</u>	<u>Incorrect Operations:</u>	<u>Other:</u>
<input type="checkbox"/> Faulty Weld (all) <input type="checkbox"/> Mfg. Defect <input type="checkbox"/> Const. Defect  (Dent, Gouge, Stress)	<input type="checkbox"/> Gaskt, Packing, O-ring, Lube <input type="checkbox"/> Failed Regulator <input type="checkbox"/> Broken : pipe,coupling,nipple <input type="checkbox"/> Instrument <input type="checkbox"/> Thread Leak <input type="checkbox"/> Failed Valve <input type="checkbox"/> Improper Valve Operation <input type="checkbox"/> Failed Relief	<input type="checkbox"/> Procedure Violation <input type="checkbox"/> Safety Violation	<input type="checkbox"/> Identify

<u>Cut Dimensions:</u>	<u>Duration of Release</u>
Orifice Diameter "	Minutes
Length x Width <b>1/2 " x 1/2 "</b>	<b>5</b>

Kind:  Bare Steel  Coated  Plastic  Cast Iron  
 Size:  1/2"  3/4"  1"  1 1/4"  
 1 1/2"  2"  3"  4"  
 6"  8"  10"  Other

Federal Land  Replaced or Abandoned

Work Performed for Temporary Repairs: **pinched of service**  
 Work Performed for Permanent Repairs: **replaced 6' 3/4" & 2 socket fushion couples**

**Mechanical Fitting Failure**

Const.:  Stab  Bolted  Nut Follower  Other  
 Type:  Service or Main Tee  Tapping Tee  Transition  Coupling  Riser  
 Adapter  Valve  Sleeve  End Cap  Plexco T Celcon Cap  Other  
 Loc in System:  AboveGrounc  BelowGrounc  Inside  Outside  Main to Main  Main to Service  
 Yr Install: Yr Manuf.: Decade Install: Manuf.: Pt or Mod#: Lot#:   
 Fitting Material:  Steel  Plastic  Combination  Brass  Unkown  Other  
 Nominal Size:  IPS  CTS  NPS  
 First Joined Material: Second Joined Material: Date of Failure:

Date: **6/12/2012** Time: **1:37:00 PM** Crew: **Idn** Supervisor: **Idn**

Locate Sent to Truck - 02 on 6/11/2012

ING'S LOCATE  
FOR REPAIR

ID2151 00036 IUPPSa 06/11/2012 15:55:30 1206113607-00A EMER NEW GRID

EMERGENCY SEE REMARKS

Ticket : 1206113607 Date: 06/11/2012 Time: 15:49 Oper: KREED Chan:090

State: IN Cnty: ORANGE Twp: ORLEANS  
Cityname: ORLEANS Inside: Y Near: N  
Subdivision:

Address :

Street : W WASHINGTON ST

Cross 1 : N 2ND ST Within 1/4 mile: Y

Location: ACROSS THE STREET 145 W WASHINGTON ST IS THE TOWN PARK - LOCATE  
SOUTHWEST CORNER OF THE PARK NEAR THE BASKETBALL COURT

Grids : 3839B8627D 3839B8627C

Boundary: n 38.662174 s 38.661076 w -86.454842 e -86.452271

Work type : REPAIR GAS LINE

Done for : INDIANA NATURAL GAS

Start date: 06/11/2012 Time: 15:51 Hours notice: 0/0 Priority: EMER

Ug/Oh/Both: U Blasting: N Boring: N Railroa

: N Emergency: Y

Duration : 1 DAY Depth: 30 INCHES

Company : INDIANA NATURAL GAS CORPORATION Type: MEMB

Co addr : 1080 WEST HOSPITAL ROAD

City : PAOLI State: IN Zip: 47454

Caller : JOY GOEN Phone: (812)723-2151

Contact : JOY GOEN -

FFICE Phone:

BestTime:

Mobile : (812)723-2151

Fax : (812)723-2188

Email : JOY\_G@INDIANANATURAL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
CREW ON SITE

Will you be white-lining the dig site area? NO

:

Su

Added by MNG

Completed on 6/12/2012

Remarks : Flagged & Painted



8



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 13, 2012

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

Subject: Investigation Request for Information

Date of Event: 6/11/2012

Event Location: West Washington Street, Orleans

Facility Owner: Indiana Natural Gas Corporation

Excavator: Ellis Tents & Events - Attn: Keith Griewe

Other Party: N/A

Pipeline Division Case No. 3087

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.**