



Pipeline Safety Division Investigation Report

Investigation regarding: **Calumet Civil Contractors**

UPPAC Database Record ID: 3116

Investigator: Howard Friend

Report Date: 8/16/2012

Damage Date: 5/29/2012 5:41:25 PM

Damage Address: 6100 Michigan Rd

City: Indianapolis

County: Marion

The Parties

Excavator: **Calumet Civil Contractors**

Contact: Shane Reynolds

Address: 4898 Fieldstone Drive, Whitestown, In 46075

Telephone:

Facility Owner: Citizens Gas

Contact: Tony Chan

Address: 2150 Dr. Martin Luther King Jr. Street, Indianapolis, IN 46202

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: Calumet Civil Contractors

UPPAC Database Record ID: 3116

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 80

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$11574

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1205234208

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Storm Drain/Culvert

Synopsis: A 2" natural gas main was damaged during excavation for a storm drain.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 8/7/2012. The excavator had a valid locate request and the operator provided accurate locate markings. While the gas main was exposed for excavation, the ditch caved in causing damage to the gas line.

Conclusion: There was a failure to protect/support the natural gas line during construction.

Violation: IC 8-1-26-20(b) Failure to plan excavation to avoid damage or interference with underground facilities; 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 14, 2012

Who is submitting this information?

Name of person providing this information: Tony Chan (Citizens Gas)

Business address (*number and street*): 2150 Dr. M.L. King Jr. St.

City, State, and ZIP code: Indianapolis, IN 46202

Telephone number (*area code*): (317) 927-4619

Fax number (*area code*): (317) 927-4619

E-mail address: AChan@CitizensEnergyGroup.com

Excavator Information, if known

Full name: Calumet Civil Contractors

Business address (*number and street*): 4898 Fieldstone Dr

City, State, and ZIP code: Whitestown, IN 46075

Telephone number (*area code*): 317-769-1900

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Unknown/Other

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (*month, day, year*): May 29, 2012

County: Marion

City: Indianapolis

Street address (*number and street, city, state, and ZIP code*):
61ST ST & MICHIGAN RD

Nearest intersection: W 61st 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? Yes

If yes, how many evacuated? 5

Was there a customer service interruption? Yes

If yes, how many affected? 80

Time to restore service (*in hours*): 20

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 0

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? 38

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1205234208

Was the locate request completed within two working days? Yes

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

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? Yes

Type of markings used: Paint and Flags

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? No

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? 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: --Failure to support exposed facilities

Additional Comments

A piece of the north side of the excavation cave-in causing a piece of asphalt from the road to fall on top of a 2" steel gas valve snapping it from the 2" gas main. The excavation equipment was marked as 'other' because the cave in caused the damage.

This was reported in IN811 Spreadsheet CD. MAO 7/11/2012.

Case # 3116. MAO 7/13/2012.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3116

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.

The Parties

Excavator Information:

Business Name: Calumet Civil Contractors, Inc.

Responsible Party Personal Name: Steve Sweet

Title (if any): Safety Director

Address (number and street): 4898 Fieldstone Drive

City, State and ZIP Code: Whitestown, IN 46075

Preferred Telephone Number (area code): 317-769-1900

Cellular Telephone Number (area code): 317-538-2885

Email Address: ssweet@calumetcivil.com

Facility Information:

Business Name: Citizens Gas

Responsible Party Personal Name: Jim Clark

Title (if any): District Supervisor

Address (number and street): 2150 Dr. Martin Luther King Jr. Street

City, State and ZIP Code: Indianapolis, IN 46202

Preferred Telephone Number (area code): 317417-7383

Cellular Telephone Number (area code): _____

Email Address: jclark@citizensenergygroup.com

Locator Service Information:

Business Name: USIC

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): 13085 Hamilton Crossing Blvd, Suite 200

City, State and ZIP Code: Carmel, IN 46032

Preferred Telephone Number (area code): 317-575-7800

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Storm Drain/Culvert

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: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): 6100 Michigan Road

City, State and ZIP Code: Indianapolis, IN 46218

Nearest Intersection: 61st Street

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

Size (Diameter/etc.): 2"

Pressure (PSIG/Inches): _____

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

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

Repair Cost (if known): \$ 11,574

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: 1205234208

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

Damage locate # 1205294437

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3116

Your Full Name: Steve Sweet

Full Name of Business / Entity (if applicable): Calumet Civil Contractors, Inc.

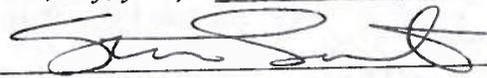
Your Business Title (if applicable): Safety Director

Address (number and street): 4898 Fieldstone Drive

City: Whitestown State: IN ZIP Code: 46075

Your E-mail Address: ssweet@calumetcivil.com

Today's Date (month, day, year): 08/07/12

Your Signature:  Title (if any) Safety Director

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3116
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



GENERAL LIABILITY REPORT	Line Cut	<input checked="" type="checkbox"/>	Calumet File # _____
	Auto Loss	<input type="checkbox"/>	Location _____
	Prop. Loss	<input type="checkbox"/>	Police Report Requested _____
	Record Only	<input type="checkbox"/>	Report Received _____

Project Manager REEM

Incident Date 5/29/12 Incident Time 5:15 AM/PM PM Calumet Job# 11018 ^A

Incident Location MICHIGAN RD & 61ST ST Nearest M/M _____

City INDIANAPOLIS State IN State _____ Photos Taken: NO YES

Incident Description: INSTALLING MANHOLE STRUCTURE, BANKS KEPT COLLAPSING (SAND) & UNDERMINING THIS ROAD. AS CREW WAS PREPARING TO GO HOME, THE ASPHALT STARTED TO FALL. IN AN ATTEMPT TO CATCH THE MATERIAL, IT RAN, BREAKING 2" GAS MAIN.

Weather Conditions: SUNNY WARM Pavement Conditions: DRY

Police Agency Called: IMPP Citations Issued: _____

Was Anyone Injured: Yes No Employee: Yes No Pedestrian: Yes No

Injured's Name: _____ Phone: _____ Employee Drug Tested: Yes No

Drivers License #: _____

Transported To: Clinic Hospital Other Taken By: _____

Line Cut	
Employee(s) Involved?	<u>SHANON CLARK, ROD SMITH, JUSTIN COLETT, BRYAN GRCUTT, PAUL CASSLER</u> ^B
Locate Co. Contacted:	<u>Loc# 1205234208 Damage# 1205294437</u>
Was it Marked? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Was it Buried? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> How deep was it buried? <u>18"</u>

Detail items taken during theft or vandalism, to include serial number, make, & model: _____ ^C

Item: _____ S/N: _____ Make/Model: _____

Item: _____ S/N: _____ Make/Model: _____

Property Loss: No Yes Type: _____ Est. Value: _____

Printed Name: STEVE SUGST ^D

Sign Report: [Signature]

Damage Information Reporting Tool (DIRT) - Field Form

Part A - Who is Submitting This Information

Who is providing the information?

<input checked="" type="checkbox"/> Excavator	<input type="checkbox"/> Insurance	<input type="checkbox"/> Electric	<input type="checkbox"/> Engineer/Design	<input type="checkbox"/> Equipment Manufacturer
<input type="checkbox"/> One-Call Center	<input type="checkbox"/> Private Water	<input type="checkbox"/> Liquid Pipeline	<input type="checkbox"/> Locator	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Road Builders	<input type="checkbox"/> State Regulator	<input type="checkbox"/> Public Works	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Railroad
		<input type="checkbox"/> Unknown/Other		

Name of the person providing the information: Steve Sweet

Part B - Date and Location of Event

*Date of Event: 5/29/12 (MM/DD/YYYY)

*Country US *State IN *County MARION City INDIANAPOLIS

Street address MICHIGAN RD # 61ST Nearest Intersection

*Right of Way where event occurred

Public: City Street State Highway County Road Interstate Highway Public-Other

Private: Private Business Private Land Owner Private Easement

Pipeline Power /Transmission Line Dedicated Public Utility Easement

Federal Land Railroad Data not collected Unknown/Other

Part C - Affected Facility Information

*What type of facility operation was affected?

Cable Television Electric Natural Gas Liquid Pipeline Sewer (Sanitary Sewer)

Steam Telecommunications Water Unknown/Other

*What type of facility was affected?

Distribution Gathering Service/Drop Transmission Unknown/Other

Was the facility part of a joint trench?

Unknown Yes No

Was the facility owner a member of One-Call Center?

Unknown Yes No

Part D - Excavation Information

*Type of Excavator

Contractor County Developer Farmer Municipality Occupant

Railroad State Utility Data not collected Unknown/Other

*Type of Excavation Equipment

Auger Backhoe/Trackhoe Boring Drilling Directional Drilling

Explosives Farm Equipment Grader/Scraper Hand Tools Milling Equipment

Probing Device Trencher Vacuum Equipment Data Not Collected Unknown/Other

*Type of Work Performed

Agriculture Cable Television Curb/Sidewalk Bldg. Construction Bldg. Demolition

Drainage Driveway Electric Engineering/Survey Fencing

Grading Irrigation Landscaping Liquid Pipeline Milling

Natural Gas Pole Public Transit Auth. Railroad Maint. Road Work

Sewer (San/Storm) Site Development Steam Storm Drain/Culvert Street Light

Telecommunication Traffic Signal Traffic Sign Water Waterway Improvement

Data Not Collected Unknown/Other

Part E - Notification

*Was the One-Call Center notified?

Yes (If Yes, Part F is required) No (If No, Skip Part F)

If Yes, which One-Call Center? IN 811

If Yes, please provide the ticket number LOC# 1205234208 DAMAGE# 1205294437

Part F - Locating and Marking

*Type of Locator

Utility Owner Contract Locator Data Not Collected Unknown/Other

*Were facility marks visible in the area of excavation?

Yes No Data Not Collected Unknown/Other

*Were facilities marked correctly?

Yes No Data Not Collected Unknown/Other

Part G – Excavator Downtime

Did Excavator incur down time?
 Yes No

If yes, how much time?
 Unknown Less than 1 hour 1 hour 2 hours 3 or more hours Exact Value _____

Estimated cost of down time?
 Unknown \$0 \$1 to 500 \$501 to 1,000 \$1,001 to 2,500 \$2,501 to 5,000
 \$5,001 to 25,000 \$25,001 to 50,000 \$50,001 and over Exact Value _____

Part H – Description of Damage

***Was there damage to a facility?**
 Yes No (i.e. near miss)

***Did the damage cause an interruption in service?**
 Yes No Data Not Collected Unknown/Other

If yes, duration of interruption
 Unknown Less than 1 hour 1 to 2 hrs 2 to 4 hrs 4 to 8 hrs 8 to 12 hrs 12 to 24 hrs
 1 to 2 days 2 to 3 days 3 or more days Data Not Collected Exact Value _____

Approximately how many customers were affected?
 Unknown 0 1 2 to 10 11 to 50 51 or more Exact Value _____

Estimated cost of damage / repair/restoration
 Unknown \$0 \$1 to 500 \$501 to 1,000 \$1,001 to 2,500 \$2,501 to 5,000
 \$5,001 to 25,000 \$25,001 to 50,000 \$50,001 and over Exact Value _____

Number of people injured
 Unknown 0 1 2 to 9 10 to 19 20 to 49 50 to 99
 100 or more Exact Value _____

Number of fatalities
 Unknown 0 1 2 to 9 10 to 19 20 to 49 50 to 99
 100 or more Exact Value _____

***Part I – Description of the Root Cause *Please choose one**

<p>One-Call Notification Practices Not Sufficient</p> <input type="checkbox"/> No notification made to the One-Call Center <input type="checkbox"/> Notification to one-call center made, but not sufficient <input type="checkbox"/> Wrong information provided to One Call Center	<p>Locating Practices Not Sufficient</p> <input type="checkbox"/> Facility could not be found or located <input type="checkbox"/> Facility marking or location not sufficient <input type="checkbox"/> Facility was not located or marked <input type="checkbox"/> Incorrect facility records/maps
<p>Excavation Practices Not Sufficient</p> <input type="checkbox"/> Failure to maintain marks <input type="checkbox"/> Failure to support exposed facilities <input type="checkbox"/> Failure to use hand tools where required <input type="checkbox"/> Failure to test-hole (pot-hole) <input type="checkbox"/> Improper backfilling practices <input type="checkbox"/> Failure to maintain clearance <input checked="" type="checkbox"/> Other insufficient excavation practices	<p>Miscellaneous Root Causes</p> <input type="checkbox"/> One-Call Center error <input type="checkbox"/> Abandoned facility <input type="checkbox"/> Deteriorated facility <input type="checkbox"/> Previous damage <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Other

Part J – Additional Comments

ROAD WAS BEING UNDER MINED (SAND), CAUSING ASPHALT TO SLUMP & BREAK, FALLING ON 2" MAIN.



5/29/2012 06:23 PM



5/29/2012 06:15 PM



Calumet Civil Contractors, Inc.

4898 Fieldstone Drive
Whitestown, IN 46075
317.769.1900
317.769.7424 FAX
www.calumetcivil.com

August 7, 2012

INITIAL DOCUMENTS - EXCAVATOR

Pipeline Safety Division – **Case No. 3116**
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 E
Indianapolis, IN 46204

Attn: Mr. William Boyd

Re: **Case No. 3116**

Dear Mr. Boyd,

We received a notice for the above referenced case concerning a gas pipeline hit on Michigan Road in Indianapolis. I am responding on behalf of Mr. Shane Reynolds, whom this letter was addressed.

The notice claimed that we did not call for locates before we hit this line. We did actually call for locates (**#1205234208**). We did perform white lining and did not damage the line with mechanized equipment. The damage was caused by the asphalt pavement falling and breaking the line. We were in the process of trying to keep the pavement from falling at the time of the incident.

We did call for a damage number (**#1205294437**) for this hit.

If you need any additional information, please feel free to call me at (317) 769-1911.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven Sweet", written over a horizontal line.

Steven Sweet
Safety Director

Enclosures: Information Request (IURC) Case 3116
DIRT – Field Form 120529 Michigan Rd Gas
Calumet Incident Report 120529 Michigan Rd Gas
Pictures of damaged line (2)