



Pipeline Safety Division Investigation Report

Investigation regarding: **Harold Lockart**

UPPAC Database Record ID: 3253

Investigator: Howard Friend

Report Date: 08/27/2012

Damage Date: 06/13/2012

Damage Address: 1024 Chestnut

City: Columbus

County: Bartholomew

The Parties

Excavator: **Harold Lockart**

Contact: Harold Lockart

Address: 1024 Chestnut, Columbus, In. 47201

Telephone: 812-376-8652

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: Harold Lockart

UPPAC Database Record ID: 3253

Damage Impact

Product release: Yes

Ignition: Yes

Service Interruption: True

Number of Customers Affected: 2

Injuries: 1

Fatalities: 0

Repair Cost (if known): \$20924

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Auger

Type of work performed: Fencing

Synopsis: A one inch plastic gas service was damaged during excavation to install a fence.

Findings: Reported by Vectren Corporation; excavator has not submitted a response to initial notice that was mailed on 07/13/2012. Homeowner had rented an auger to install fence posts and struck the gas service without a request to locate underground utilities. Escaping gas did ignite, causing homeowner to suffer burns on his arms, but refused treatment according to the fire department.

Conclusion: Homeowner failed to request that underground utilities be located and marked prior to beginning work.

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 15, 2012

Who is submitting this information?

Name of person providing this information: Monte McManigell (Vectren)

Business address (*number and street*): 640 Industrial drive

City, State, and ZIP code: Franklin, IN 46131

Telephone number (*area code*): 812-306-8504

Fax number (*area code*): 317-736-2943

E-mail address: mmcmanigell@vectren.com

Excavator Information, if known

Full name: Harold Lockart

Business address (*number and street*): 1024 Chestnut

City, State, and ZIP code: Columbus, IN. 47201

Telephone number (*area code*): 812-376-8652

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Auger

Type of work performed: Fencing

Date and Location of Damage

Date of damage (*month, day, year*): Jun 13, 2012 _____

County: Bartholomew _____

City: Columbus _____

Street address (*number and street, city, state, and ZIP code*):
1024 Chestnut _____

Nearest intersection: 10th St. _____

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? Yes

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? 2 _____

Time to restore service (*in hours*): 2 _____

Enter number of injuries, if applicable and known: 0 _____

Enter number of fatalities, if applicable and known: 0 _____

Property damage, Estimate \$^{20,000} _____

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: No locate ticket requested _____

Was the locate request completed within two working days?

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:

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? No

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: --Facility was not located or marked

Additional Comments

Per the fire department, the damaging party did receive burns on his arm. He has apparently left the scene initially but was found later. He was renting an auger to set fence posts. He has minor burns and has refused treatment. There were no locates requested. There is approximately \$20K in fire damage.



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

Who is submitting this information?

Name of person providing this information: Monte McManigell (Vectren)

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City, State, and ZIP code: Franklin, IN 46131

Telephone number (*area code*): 812-306-8504

Fax number (*area code*): 317-736-2943

E-mail address: mmcmanigell@vectren.com

Excavator Information, if known

Full name: Harold Lockart

Business address (*number and street*): 1024 Chestnut

City, State, and ZIP code: Columbus, IN. 47201

Telephone number (*area code*): 812-376-8652

Fax number (*area code*): _____

E-mail address: _____

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Auger

Type of work performed: Fencing

Date and Location of Damage

Date of damage (*month, day, year*): Jun 13, 2012 _____

County: Bartholomew _____

City: Columbus _____

Street address (*number and street, city, state, and ZIP code*):
1024 Chestnut _____

Nearest intersection: 10th St. _____

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? Yes

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? 2 _____

Time to restore service (*in hours*): 2 _____

Enter number of injuries, if applicable and known: 0 _____

Enter number of fatalities, if applicable and known: 0 _____

Property damage, Estimate \$^{20,000} _____

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: No locate ticket requested _____

Was the locate request completed within two working days?

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:

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? No

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: --Facility was not located or marked

Additional Comments

Per the fire department, the damaging party did receive burns on his arm. He has apparently left the scene initially but was found later. He was renting an auger to set fence posts. He has minor burns and has refused treatment. There were no locates requested. There is approximately \$20K in fire damage.



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

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

Subject: Investigation Request for Information

Date of Event: 6/13/2012

Event Location: 1024 Chestnut, Columbus

Facility Owner: Vectren

Excavator: Harold Lockart

Other Party: N/A

Pipeline Division Case No. 3253

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: 07-19-2012

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: Harold Lockhart

Business address (*number and street*): 1024 Chestnut Street

City, State, and ZIP code: Columbus, IN 47201

Telephone number (*area code*): 812-376-8652

Fax number (*area code*): None

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Occupant

Excavation or demolition equipment: Auger

Type of work performed: Fencing

Date and Location of Damage

Date of damage (month, day, year): 6-13-2012

County: Bartholomew

City: Columbus

Street address (number and street, city, state, and ZIP code):
1024 & 1022 Chestnut, Columbus, IN

Nearest intersection: Unknown

Right of way where damage occurred: Private - Land Owner

Was there a release of product? Yes

If yes, was there an ignition of product? Yes

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): 2

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 924.53

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: None

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? Data Not Collected

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

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? No

Type of markings used: Other

If other, please specify: None _____

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? No

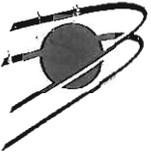
Did the excavator notify 911 in the event of a release of product? Yes

Description of Cause

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

Additional Comments

1" plastic service severed by auger. Did not request locates.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

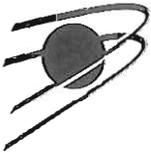


\$924.53

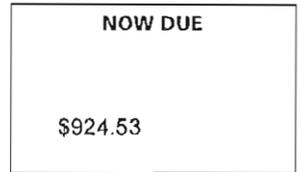
LOCKHART, HAROLD
1024 CHESTNUT ST
COLUMBUS, IN 47201

Type: GAS
Invoice: FDS0016384
BillToID: 32057
Billing Date: 7/13/2012
Date of Loss: 6/13/2012
5926 103.0510

Please return this portion with your remittance.



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



\$924.53

LOCKHART, HAROLD
1024 CHESTNUT ST
COLUMBUS, IN 47201

Type: GAS
Invoice: FDS0016384
BillToID: 32057
Billing Date: 7/13/2012
Date of Loss: 6/13/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 1024 CHESTNUT ST, COLUMBUS

1" PLASTIC SERVICE SEVERED BY AUGER. DID NOT REQUEST LOCATES.

Material:	\$69.08
Company Labor:	\$595.73
Contract Labor:	\$0.00
Transportation/Equipment:	\$118.29
Misc:	\$0.00
Gas Loss:	\$141.43
Adjustments:	\$0.00
Payments:	\$0.00
<hr/> Total:	\$924.53

5926 103.0510

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

FACILITIES DAMAGE REPORT GAS

Task No.: 103.0510

Capital / O&M (circle one)

FDS 0016384

FACILITY TYPE

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

DATE OF DAMAGE: 6/13/12
 TIME OCCURRED: 9:20 AM PM
 TIME FOUND: 9:27 AM/PM

Cost Center No.: 5926

DAMAGE SITE ADDRESS: 1024 Chestnut st. & 1022 Chestnut LOT # _____

COUNTY Bartholomew CITY: Columbus STATE: IN TOWNSHIP Columbus

FACILITIES DAMAGED	ORIFICE SIZE(S)	(1)	(2)	(3)
<input type="checkbox"/> FARM TAP	0.50 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HEATER	5/8 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MAIN	0.75 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> METER RESIDENTIAL	1.00 INCH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> METER INDUSTRIAL/COMMERCIAL	1.25 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ODORIZER	10.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> REGULATOR STATION	12.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RELIEF VALVE	16.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RISER	2.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> SERVICE LINE	20.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> VALVE	3.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF OTHER _____	OTHER _____			

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

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

LEAK REPORT NUMBER # 21557 EFV ACTIVATED YES NO N/S

FEED TYPE
 ONE-WAY FEED
 TWO-WAY FEED
 SERVICE ORDER # 788-7031

DAMAGED BY	TYPE OF CONSTRUCTION
<input type="checkbox"/> COMPANY CREW	<input type="checkbox"/> AGRICULTURE
<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> BLDG. CONSTRUCTION
<input type="checkbox"/> COUNTY	<input type="checkbox"/> BLDG. DEMOLITION
<input type="checkbox"/> DEVELOPER	<input type="checkbox"/> CABLE TV
<input type="checkbox"/> FARMER	<input type="checkbox"/> CURBS/SIDEWALKS
<input type="checkbox"/> MUNICIPALITY	<input type="checkbox"/> DRAINAGE
<input checked="" 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 checked="" 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
WORKING FOR	<input type="checkbox"/> PUBLIC TRANSIT AUTHORITY
<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> DEVELOPER	<input type="checkbox"/> RAILROAD MAINTENANCE
<input checked="" type="checkbox"/> PROPERTY/OWNER <input type="checkbox"/> STATE	<input type="checkbox"/> IF OTHER _____
<input type="checkbox"/> UTILITY	
<input type="checkbox"/> IF OTHER _____	

VISUAL OBSERVATION AT DAMAGE SITE
 VISUAL OBSERVATION ABOVE GROUND BELOW GROUND
 LOCATE APPLICABLE? YES NO N/S
 FACILITIES PROPERLY MARKED YES NO N/S
 MARKING METHODS: CONVENTIONAL FLAGS
 NONE OFFSET PAINT STAKES WHISKERS
 LOCATE MARKINGS FADED: YES NO N/S
 WRONG ADDRESS REQUESTED YES NO N/S
 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
 FAILURE TO FOLLOW POLICY
 INAPPROPRIATE SITE MARKING
 INCOMPLETE LOCATES
 MARKING OFF
 NO LOCATES PERFORMED
 QUALIFIED LOCATOR COULD NOT HAVE ACCURATELY LOCATED
 WRONG ADDRESS LOCATED
 MARKINGS OFF BY _____ (FEET/INCHES)
 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: USIC
 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 #: NONE Requested
 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

- AUGER
- BACKHOE/TRACKHOE
- BORING
- DRILLING
- EXPLOSIVES
- FARM EQUIPMENT
- GRADER/SCRAPER
- HAND TOOLS
- MILLING EQUIPMENT
- PLOW
- PROBING DEVICE
- TRENCHER
- VACUUM EQUIPMENT
- VEHICLE

IF OTHER _____

DAMAGING CAUSE

- ABANDON FACILITY
- DETERIORATED FACILITY
- FACILITY COULD NOT BE FOUND/LOCATED
- FACILITY WAS NOT LOCATED/MARKED
- FAILURE TO MAINTAIN CLEARANCE
- FAILURE TO MAINTAIN MARKS
- FAILURE TO SUPPORT EXPOSED FACILITY
- FAILURE TO USE HAND TOOLS WHERE REQ
- IMPROPER BACKFILLING
- INCORRECT RECORDS/MAPS
- MARKING OR LOCATIONS NOT SUFFICIENT
- NO NOTIFICATION MADE TO ONE-CALL CENT
- ONE-CALL NOTIFICATION ERROR
- PREVIOUS DAMAGE
- WRONG INFORMATION PROVIDED

IF OTHER _____

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

DAMAGING PARTY

NAME: Harold Lockhart

ADDRESS: 1024 Chestnut st

CITY/STATE/ZIP: Columbus IN 47201

PHONE NUMBER: 376-8652

PREPARED BY: Roljone DATE: 6-13-12

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

PARTY TO INVOICE

NAME: Harold Lockhart

ADDRESS: 1024 Chestnut st

CITY/STATE/ZIP: Columbus IN 47201

PHONE NUMBER: 376-8652

REVIEWED BY FIELD SUPERVISOR: See Smith DATE: 4/13/12

NO LOCATE REQUEST

Service Order Status

Tuesday, June 26, 2012

Enter Service Order Number:

5277006 

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5277006

Order Type: LEAK

Order Status: Completed

Customer: 600579769 - LOCKHART HAROLD H

Prem: 5420152 - 1024 CHESTNUT ST

Technician: 2658 - Jones, Robin

Order Dates and Times

Need Date: 6/13/2012 9:22:00 AM
Time Created: 6/13/2012 9:23:03 AM
Time Dispatched: 6/13/2012 9:23:04 AM
Time In Route: 6/13/2012 9:24:24 AM
Time On-Site: 6/13/2012 9:28:42 AM
Tech Complete: 6/13/2012 10:52:04 AM
Time Closed: 6/13/2012 10:52:04 AM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current Read Status

Old Meter: 2644 Inactive
New Meter:

Completion Notes

Property owner installing fence cut 1/2inch pl. service with power auger. Ignition occurred. I put fire out fire dept. onsite was spraying with hose. Crew onsite making repairs. No injuries, surface damage to house. #2658

Request Notes

HIT LINE BLOWING AND FLAMES SHOOTING OUT/ FIRE DEPT ONSITE/ NOT KNOWNWHO HIT/ WAS HIT WITH A POST HOLE DIGGER/ XST 10TH / VERY CLOSE TO HOUSE/812-379-1689

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	6/13/2012 9:24:19 AM	Jones, Robin
AsnAssignmentEnRoute_evt	6/13/2012 9:24:24 AM	Jones, Robin
AsnAssignmentOnSite_evt	6/13/2012 9:28:42 AM	Jones, Robin
OrdOrderComplete_evt	6/13/2012 10:52:04 AM	Jones, Robin

NOTE: The Reporting database replicates in near real-time; it has been approximately 3 minute(s) since the last transaction replicated.