



Pipeline Safety Division Investigation Report

Investigation regarding: **Gohman Asphalt & Construction Inc.**

UPPAC Database Record ID: 3336

Investigator: Howard Friend

Report Date: 9/17/2012

Damage Date: 5/2/2012

Damage Address: State Rd. 160 (botts Ln)

City: Salem

County: Washington

The Parties

Excavator: **Gohman Asphalt & Construction Inc.**

Contact: Rick Wilks, Supervisor

Address: P.o. Box 2428, Clarksville, In 47131

Telephone: 8122821349

Facility Owner: Midwest Natural Gas Corporation

Contact: Arthur Campbell

Address: 107 SE Third Street, Washington, IN 47501-0520

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: Gohman Asphalt & Construction Inc.

UPPAC Database Record ID: 3336

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1204301234

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Road Work

Synopsis: A natural gas line was damaged during excavation for road work.

Findings: Reported by Midwest Natural Gas Corporation; excavator's response to initial notice was received on 9/11/2012. The excavator had a valid locate request and the operator provided accurate locate markings.

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

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.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3336

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: Gohman Asphalt & Construction Inc.

Responsible Party Personal Name: Rick Wilks

Title (if any): Supervisor

Address (number and street): P.O. Box 2428

City, State and ZIP Code: Clarksville, IN 47131

Preferred Telephone Number (area code): (812) 282-1349

Cellular Telephone Number (area code): N/A

Email Address: N/A

Facility Information:

Business Name: Midwest Natural Gas Corp.

Responsible Party Personal Name: Terry Shafer

Title (if any): Regional Area Manager

Address (number and street): 1652 W. McClain Ave.

City, State and ZIP Code: Scottsburg, IN 47170

Preferred Telephone Number (area code): (812) 752-2230

Cellular Telephone Number (area code): (812) 595-0633

Email Address: tshafer@midnatgas.com

Locator Service Information:

Business Name: Midwest Natural Gas Corp.

Responsible Party Personal Name: Jeremy Burns

Title (if any): Service Person

Address (number and street): 1652 W. McClain Ave.

City, State and ZIP Code: Scottsburg, IN 47170

Preferred Telephone Number (area code): (81) 752-2230

Cellular Telephone Number (area code): (812) 259-9255

Email Address: N/A

Cause of Damage Information

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Sewer (Sanitary/Storm)

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

Personal Contact: N/A

Business/Organization Name: N/A

Title (if any): N/A

Address (number and street): N/A

City, State and ZIP Code: N/A

Preferred Telephone Number (area code): N/A

Cellular Telephone Number (area code): N/A

Email Address: N/A

Utility Line Impact

Location of Damage:

Address (*number and street*): State Rd. 160 (Botts Ln)

City, State and ZIP Code: Salem, IN 47167

Nearest Intersection: Upland Dr.

Product Type (*select one*): Natural Gas

Facility Type (*select one*): Distribution

Size (Diameter/etc.): 2" Plastic

Pressure (PSIG/Inches): 45

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

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1204301234

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

Excavator failed to hand dig area, assumed the main was deeper.
Note: this section of main had been previously moved for this project

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3336

Your Full Name: Terry Shafer

Full Name of Business / Entity (*if applicable*): Midwest Natural Gas Corp.

Your Business Title (*if applicable*): Regional Area Manager

Address (*number and street*): 1652 W. McClain Ave.

City: Scottsburg State: IN ZIP Code: 47170

Your E-mail Address: tshafer@midnatgas.com

Today's Date (*month, day, year*): 8/23/12

Your Signature: _____ Title (*if any*) Regional Area Mgr

Please return your Narrative Statement to:

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

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3336

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: Gohmann Asphalt & Construction, Inc.

Responsible Party Personal Name: Michael A. Kopp

Title (if any): VP--General Counsel/Chief Compliance Officer

Address (number and street): P.O. Box 2428

City, State and ZIP Code: Clarksville, IN 47131

Preferred Telephone Number (area code): 8122821349

Cellular Telephone Number (area code): _____

Email Address: mkopp@gohmannasphalt.com

Facility Information:

Business Name: Midwest Natural Gas Corp.

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): P.O. Box 520

City, State and ZIP Code: Washington, IN 47501

Preferred Telephone Number (area code): 8122545087

Cellular Telephone Number (area code): _____

Email Address: _____

Locator Service Information:

Business Name: SM&P or USIC

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: _____

Utility Line Impact

Location of Damage:

Address (*number and street*): State Road 160 / E. Botts Lane

City, State and ZIP Code: Salem, IN

Nearest Intersection: _____

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 2 Inch

Pressure (PSIG/Inches): Unknown

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

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

Repair Cost (if known): \$ 2,446.58

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: 1204301234

- 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

Facility struck due to operator error.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3336

Your Full Name: Michael A. Kopp

Full Name of Business / Entity (if applicable): Gohmann Asphalt & Construction, Inc.

Your Business Title (if applicable): VP--General Counsel/Chief Compliance Officer

Address (number and street): P.O. Box 2428

City: Clarksville State: IN ZIP Code: 47131

Your E-mail Address: mkopp@gohmannasphalt.com

Today's Date (month, day, year): 9/11/12

Your Signature: _____ Title (if any) VP-GC/CCO

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3336
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3336

Your Full Name: Michael A. Kopp

Full Name of Business / Entity (if applicable): Gohmann Asphalt & Construction, Inc.

Your Business Title (if applicable): VP - General Counsel / Chief Compliance Officer

Address (number and street): P.O. Box 2428

City: Clarksville State: IN ZIP Code: 47131

Your E-mail Address: mkopp@gohmannasphalt.com

Today's Date (month, day, year): 9-12-12

Your Signature: Michael A. Kopp Title (if any) Gen. Counsel

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3336
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

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