



Pipeline Safety Division Investigation Report

Investigation regarding: **Dave's Excavating**

UPPAC Database Record ID: 3344

Investigator: Howard Friend

Report Date: 9/14/2012

Damage Date: 7/10/2012 8:11:37 AM

Damage Address: N Miller Ave

City: Marion

County: Grant

The Parties

Excavator: **Dave's Excavating**

Contact: Gary Mosiongale, President

Address: 401 W 33rd St, Marion, In 46953

Telephone:

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: Dave's Excavating

UPPAC Database Record ID: 3344

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$593

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number: 1206191610

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Synopsis: A natural gas service was damaged during excavation for a sewer line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 8/23/2012. The excavator provided notice of excavation on 6/19/12 and damaged the line 21 days later. The operator failed to provide accurate locate markings; however, the request was expired.

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

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



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

August 16, 2012

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

Subject: Investigation Request for Information

Date of Event: 7/10/2012

Event Location: N Miller Ave, Marion

Facility Owner: Vectren

Excavator: Dave's Excavating

Other Party: N/A

Pipeline Division Case No. 3344

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: 08-22-2012

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: Daves Excavating

Business address (*number and street*): 401 W 33rd Street

City, State, and ZIP code: Marion, IN 46953

Telephone number (*area code*): 765-674-8188

Fax number (*area code*): 765-674-8228

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

Date and Location of Damage

Date of damage (month, day, year): 7-10-2012

County: Grant

City: Marion

Street address (number and street, city, state, and ZIP code):
707 N Miller Avenue, Marion, IN

Nearest intersection: Unknown

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? 1

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 \$ 593.17

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? Yes

Enter Indiana 811 ticket number, if known: 1206191610 (expired 1 day)

Was the locate request completed within two working days? Yes

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

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? No

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? 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? 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? Unknown/Other

Description of Cause

Select from the list the most accurate cause for the damage: --Facility marking or location not sufficient

Additional Comments

1/2" plastic servicesevered by hoe. > 24"



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE

\$593.17

USIC INC
9045 N RIVER ROAD, SUITE 300
INDIANAPOLIS, IN 46240

Type: GAS
Invoice: FDS0016524
BillToID: 32211
Billing Date: 8/9/2012
Date of Loss: 7/10/2012
5741 103.0510

Please return this portion with your remittance.



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

NOW DUE

\$593.17

USIC INC
9045 N RIVER ROAD, SUITE 300
INDIANAPOLIS, IN 46240

Type: GAS
Invoice: FDS0016524
BillToID: 32211
Billing Date: 8/9/2012
Date of Loss: 7/10/2012

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 707 N MILLER AVE, MARION
1/2" PLASTIC SERVICE SEVERED BY HOE. >24"

Material:	\$85.55
Company Labor:	\$414.60
Contract Labor:	\$0.00
Transportation/Equipment:	\$86.88
Misc:	\$0.00
Gas Loss:	\$6.14
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$593.17

5741 103.0510

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

Task No: 103,0510 Capital (O & M) (circle one)
Date of Damage 7/10/12
Cost Center # 5741
Time Occurred 8:30 (AM) / pm
Time Found 8:40 (AM) / pm
Latitude 40.569020 Longitude: -85.693250

Vectren Claim Number: _____
Police Report / MO #: N/A

LCR# 05117

FACILITIES DAMAGE REPORT

GAS

Vectren Claims Camera:

VE00809

Form 3112

DAMAGE SITE:
Address 707 N MILLER AVE Lot # _____
County GRANT City MARION State IN Township PLEASANT

FACILITY TYPE:
 Distribution Propane
 Service Storage
 Transmission: (include supplemental report)

FACILITIES DAMAGED:	ORIFICE SIZE(S):	(1)	(2)	(3)
<input type="checkbox"/> Farm Tap	0.50 inch	<input checked="" 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 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	2.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regulator Station	3.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Relief Valve	4.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Riser	5.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Service Line	6.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Valve	10.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	20.00 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	Other _____			

VISUAL OBSERVATION AT DAMAGE SITE: 7/10
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 Marking 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 Markings
 Incomplete Locate
 No Locates Performed
 Qualified Locator Could Have Accurately Located
 Wrong Address Located
 Marking Off By: 3' (Feet / Inches)

Were Facility Marks Visible Yes No Destroyed
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

TYPE OF MATERIAL: Cast Iron Plastic (HDPE) Plastic (MDPE) Steel
DAMAGE TYPE: Severed Not Cut Severed
Size 1/2 x 1/2

PRESSURE: 25 PSIG 40 PSIG 50 PSIG 55 PSIG 60 PSIG 6 WC (.2163) 7 WC (252) Other _____

PROTECTION IN PLACE: Building Fence None Post Rail Vault N/A Other _____

DURATION OF ESCAPING GAS:
Minutes: 1

LEAK REPORT NUMBER: 05117

EFV Activated Yes No N/S

Observation by (ID#): 3333

FEED TYPE: One-Way Feed Two-Way Feed

Number of Customers Affected: 1
Total Hours Service Was Off: 2

Name of Locator: _____
LOCATING ORGANIZATION: Contract Locator Unknown / Other Utility Owner

SERVICE ORDER NUMBER: 5303613 & 5303678

DAMAGED BY: Company Crew Contractor County Developer Farmer Municipality Property Owner/ Tenant Railroad State Unknown Utility Vehicle Accident Other _____

TYPE OF CONSTRUCTION: Agriculture Building Construction Building Demolition Cable TV Curbs / Sidewalk Drainage Driveway Electric Engineering / Surveying Fencing Grading Irrigation Landscaping Liquid Pipeline Milling Pole Natural Gas Public Transit Authority Railroad Maintenance Other SEWER

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

Locate Ticket: 1206191610
Date: _____ Time: _____ am / pm

TYPE OF REQUEST: Regular Request Emergency Request
 Locate Company Notified
Contact Name: _____
Time Called: _____ am / pm
Time Locator Arrived at the Site: _____ am / pm

Company Notified of Locate Near Critical Facilities Yes No N/S

Copy of Mark Out Request Provided Within 2 Working Days Yes No N/S

ONE-CALL CENTER: IUPPS OUPS Unknown

WORKING FOR: City County Developer State Property Owner Utility

Vectren Claim Number: _____

TYPE OF EQUIPMENT:

- Auger
- Backhoe / Track hoe
- Boring
- Drilling
- Explosives
- Farm Equipment
- Grader / Scraper
- Hand Tools
- Milling Equipment
- Plow
- Probing Device
- Trencher
- Vacuum Equipment
- Vehicle
- Other _____

ROOT DAMAGING CAUSE:

- Abandoned 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 Required
- Improper Backfilling
- Incorrect Records / Maps
- Marking or Location Not Sufficient
- No Notification Made to One-Call
- One-Call Notification Error
- Previous Damage
- Wrong Information Provided
- Other _____

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.)

- Did Excavator Notify You Yes No
- Excavation Required Yes No
- Media at Site Yes No
- Was There Ignition of Gas? Yes No

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

INVOICE: Yes No N/S

DAMAGING PARTY:

Name: DAVES EXCAVATING (GARY MASIONGALE)
 Address: 401 W 33RD ST
 City/ State/ Zip: MARION IN 46953
 Phone: (765) 674-8188
K TUCKER 7-10-12
 Prepared / Investigated By: Date:

PARTY TO INVOICE:

Name: SAME
 Address: _____
 City/ State/ Zip: _____
 Phone: _____
[Signature] 7-11-12
 Reviewed by Field Supervisor: Date:

DAVES EXCAVATING HIT & SEVERED A 1/2" IPS PLAMP SERVICE TO 707 N MILLER AVE, MARION, IN, WHILE INSTALLING SEWER FOR CITY OF MARION, FOREMAN GARY MASIONGALE WAS REPRESENTATIVE FOR DAVES. LOCATE MARKS WERE VISABLE, AND OFF BY 3', ALSO SERVICE RANGED IN DEPTH FROM 20" TO 12". IT APPEARS LOCATES MAY HAVE EXPIRED ON 7-9-12. EXCAVATION WAS REPAIRED BY DAVES, NO FURTHER EXCAVATION OR REPAIR REQUIRED

K TUCKER
 7-10-12 @
 11:39 AM.

* WE WORK WITH DAVE'S ALOT.

NORMAL NOTICE JOB EXTENSION

Ticket : 1206191610 Date: 06/19/2012 Time: 11:15 Oper: SDOERFLEIN Chan:029

State: IN Cnty: GRANT Twp: PLEASANT
 Cityname: MARION Inside: Y Near: N
 Subdivision:

Address :
 Street : N MILLER AVE
 Cross 1 : W BRADFORD ST Within 1/4 mile: Y
 Location: 606, 608, 610 AND 612--LOCATE THE FRONT OF PROPERTIES
 :
 Grids : 4034D8541C 4034C8541C 4034D8541B 4034C8541B

Work type : REPLACE SEWER MAIN
 Done for : MARION UTILITIES
 Start date: 06/21/2012 Time: 11:30 Hours notice: 48/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 2 WEEKS Depth: 8 FEET

Company : DAVES EXCAVATING Type: CONT
 Co addr : 401 W 33RD ST
 City : MARION State: IN Zip: 46953
 Caller : JANA BRILES Phone: (765)674-8188
 Contact : ED BEAHAN--CELL Phone:
 BestTime:
 Mobile : (765)661-9995
 Fax : (765)674-8228
 Email : OFFICE@DAVESEXCAVATING.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 REMARK THE AREA AS NEEDED-PREVIOUS TICKET 1206010720
 Will you be white-lining the dig site area? NO
 :

Submitted date: 06/19/2012 Time: 11:15
 Members: AEPIN ID2391 ID4311 ID4450 ID5461 ID6671 SBCIN SM

Member Name	Facility Types
AMERICAN ELECTRIC POWER	ELECTRIC
AT&T - DISTRIBUTION	COMMUNICATIONS
BRIGHT HOUSE NETWORKS MARION	
MARION MUNICIPAL UTILITIES	SEWER & WATER
MARION, CITY OF- TRAFFIC DIVISION	
SWEETSER TELEPHONE - OAKHILL CABLE TELEPHONE	
VECTREN - MARION	GAS

[View Map](#) | [Close Map](#)

DAMAGE SEE REMARKS

Ticket : 1207100268 Date: 07/10/2012 Time: 08:08 Oper: LSTEVENSON Chan:018

State: IN Cnty: GRANT Twp: PLEASANT
 Cityname: MARION Inside: Y Near: N
 Subdivision:

Address :
 Street : N MILLER AVE
 Cross 1 : W BRADFORD ST Within 1/4 mile: Y
 Location: 606, 608, 610 AND 612--LOCATE THE FRONT OF PROPERTIES
 :
 Grids : 4034D8541C 4034C8541C 4034D8541B 4034C8541B

Work type : REPLACE SEWER MAIN
 Done for : MARION UTILITIES
 Start date: 07/10/2012 Time: 08:08 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 2 WEEKS Depth: 8 FEET

Company : DAVES EXCAVATING Type: CONT
 Co addr : 401 W 33RD ST
 City : MARION State: IN Zip: 46953
 Caller : JANA BRILES Phone: (765)674-8188
 Contact : ED BEAHAN--CELL Phone:
 BestTime:
 Mobile : (765)661-9995
 Fax : (765)674-8228
 Email : OFFICE@DAVESEXCAVATING.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 PER JANA BRILES---VECTREN GAS LINE WAS DAMAGED--LINE NOT BLOWING--LINE WAS
 DAMAGED IN FRONT OF 612 N MILLER AVE--LINE IS 1/2" PLASTIC LINE--ADVISE TO CALL
 911 AND VECTREN OF THE DAMAGE--CREW IS ON SITE--PREVIOUS TICKET NUMBER IS
 1206191610

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

Submitted date: 07/10/2012 Time: 08:08
 Members: AEPIN ID2391 ID4311 ID4450 ID5461 ID6671 SBCIN SM

Member Name	Facility Types
AMERICAN ELECTRIC POWER	ELECTRIC
AT&T - DISTRIBUTION	COMMUNICATIONS
BRIGHT HOUSE NETWORKS MARION	
MARION MUNICIPAL UTILITIES	SEWER & WATER
MARION, CITY OF- TRAFFIC DIVISION	
SWEETSER TELEPHONE - OAKHILL CABLE TELEPHONE	
VECTREN - MARION	GAS

[View Map](#)

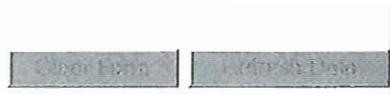
[Close Map](#)

Service Order Status

Monday, July 16, 2012

Enter Service Order Number:

5303613



Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5303613
Order Type: LEAK
Order Status: Completed

Customer: 600113081 - A & A ENTERPRISES
Prem: 5328856 - 612 N MILLER AVE

Technician: 3333 - Tucker, Keith

Order Dates and Times

Need Date: 7/10/2012 9:18:00 AM
Time Created: 7/10/2012 8:20:32 AM
Time Dispatched: 7/10/2012 8:28:26 AM
Time In Route: 7/10/2012 8:32:41 AM
Time On-Site: 7/10/2012 8:42:00 AM
Tech Complete: 7/10/2012 9:41:38 AM
Time Closed: 7/10/2012 9:41:38 AM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current Read Status

Old Meter: 8797 Inactive
New Meter:

Completion Notes

HIT LINE CALLED IN FOR THIS ADDRESS, WHILE DAMAGE WAS IN FRONT OF THIS ADDRESS, ACTUAL SERVICE DAMAGED WAS TO 707 N MILLER AVE, MARION, SEE SERVICE ORDER AND FDS FOR THAT ADDRESS, KTUCKER

Request Notes

CUT 1/2 INCH PLASTIC LINE PER TANA WITH DAVE'S EXCAVATING. PREVIOUS LOCATE # 1206191610. STATED WAS 3FT 2 IN OFF ON LOCATE. 765-674-8188. DAMAGE 1207100268.

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	7/10/2012 8:21:42 AM	Vice, Mike
AsnAssignmentEnRoute_evt	7/10/2012 8:22:36 AM	Vice, Mike
AsnAssignmentManualAck_evt	7/10/2012 8:32:37 AM	Tucker, Keith
AsnAssignmentEnRoute_evt	7/10/2012 8:32:41 AM	Tucker, Keith
AsnAssignmentOnSite_evt	7/10/2012 8:42:00 AM	Tucker, Keith
OrdOrderComplete_evt	7/10/2012 9:41:38 AM	Tucker, Keith

NOTE:The Reporting database replicates in near real-time; it has been approximately 1 minute(s) since the last transaction replicated.

Service Order Status

Monday, July 16, 2012

Enter Service Order Number:

5303678



Click Here Click Here

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5303678
Order Type: LEAK
Order Status: Completed

Customer: 620472316 - GRANT COUNTY LAWN
Prem: 5787756 - 707 N MILLER AVE

Technician: 3333 - Tucker, Keith

Order Dates and Times

Need Date: 7/10/2012 9:51:00 AM
Time Created: 7/10/2012 9:24:48 AM
Time Dispatched: 7/10/2012 9:24:48 AM
Time In Route: 7/10/2012 9:41:52 AM
Time On-Site: 7/10/2012 9:41:58 AM
Tech Complete: 7/10/2012 9:47:16 AM
Time Closed: 7/10/2012 9:47:16 AM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter: 6038 Active
New Meter:

Completion Notes

HIT SERVICE LINE CALLED IN AS 612, ACTUAL 707 N MILLER, DAVES EXCAVATING HIT AND SEVERED 1/2" PLA SERVICE, LOCATES OFF 3', PICTURES TAKEN, NO LEAKAGE FOUND OVER MAIN OR SEWERS, CREW ON SITE, SEE MAXIMO WO, KTUCKER

Request Notes

THIS IS CORRECT ADDRESS FOR HIT LINE# 5303613.

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	7/10/2012 9:41:52 AM	Tucker, Keith
AsnAssignmentEnRoute_evt	7/10/2012 9:41:52 AM	Tucker, Keith
AsnAssignmentOnSite_evt	7/10/2012 9:41:58 AM	Tucker, Keith
OrdOrderComplete_evt	7/10/2012 9:47:16 AM	Tucker, Keith

NOTE:The Reporting database replicates in near real-time; it has been approximately 2 minute(s) since the last transaction replicated.



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3344

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: Dave's Excavating, Inc.

Responsible Party Personal Name: Gary Masiongale

Title (if any): President

Address (number and street): 401 W. 33rd. St.

City, State and ZIP Code: Marion, IN 46953

Preferred Telephone Number (area code): 765-674-8188

Cellular Telephone Number (area code): _____

Email Address: office@davesexcavating.com

Facility 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: _____

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*): Sewer (Sanitary/Storm)

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*): 612 N. Miller Ave. _____

City, State and ZIP Code: Marion, IN 46953 _____

Nearest Intersection: W. Bradford St. _____

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 1/2" _____

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No **Number of Customers Affected:** ¹ _____

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

Repair Cost (if known): \$⁰ _____

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: 1206191610 _____

- 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

The job was called in for locate a total of 3 times. The first call was placed on 6-1-12, expiring on 6-21-12., locate request #1206010720. The job did not start during that time frame, so a second locate request was called in on 6-19-12, expiring on 7-9-12. (The locate number provided above was for this locate) The job was going to start on 7-9-12 when we discovered the locate was going to expire after that day, so a third locate request was called in on 7-9-12 @ 8:10 am, request #1207090322. Because of drought conditions, the markings from the two previous locates were still plainly visible, so we began work. On 7-10-12 at 7:50 am +/-, the crew damaged a 1/2" natural gas service line, 3'2" away from the marking for that service line. We have not been invoiced by Vectren for any repair costs, and don't expect to be, as we believe this incident was not our fault.

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 3344

Your Full Name: Gary Masiongale

Full Name of Business / Entity (if applicable): Dave's Excavating, Inc.

Your Business Title (if applicable): President

Address (number and street): 401 W. 33rd. St.

City: Marion State: IN ZIP Code: 46953

Your E-mail Address: office@davesexcavating.com

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

Your Signature: _____ Title (if any) President

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3344
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov

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