



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Town Of Brookville**

UPPAC Database Record ID: 3633

Investigator: Howard Friend

Report Date: 9/28/2012

Damage Date: 7/12/2012

Damage Address: 27 Butler

City: Brookville

County: Franklin

### The Parties

Excavator: **Town Of Brookville**

Contact: Brent Riehle, Street Superintendent

Address: 1020 Franklin Ave, Brookville, In 47012

Telephone: 765-647-4600

Facility Owner: Sycamore Gas Company

Contact: John Stenger, PE

Address: 1155 E Eads Parkway, Greendale, IN 47025

### Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

**Investigation regarding: Town Of Brookville**

UPPAC Database Record ID: 3633

**Damage Impact**

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$

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

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

Type of Equipment: Unknown/Other

Type of work performed: Traffic Sign

**Synopsis:** A natural gas line was damaged during excavation for a street sign.

**Findings:** Reported by Sycamore Gas Company; excavator's response to initial notice was received on 9/20/2012. The excavator failed to provide notice of excavation and failed to notify the association and the local fire department after the release of a flammable gas.

**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: Jul 16, 2012

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### Who is submitting this information?

Name of person providing this information: Aaron Lambert (Sycamore Gas)

Business address (*number and street*): 1155 E. Eads Pkwy

City, State, and ZIP code: Greendale, IN 47025

Telephone number (*area code*): 812-537-1921

Fax number (*area code*): 813-537-3731

E-mail address: alambert@sycamoregas.com

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### Excavator Information, if known

Full name: Town of Brookville

Business address (*number and street*): 1020 Franklin Ave

City, State, and ZIP code: Brookville, IN 47012

Telephone number (*area code*): 765-647-3322

Fax number (*area code*):

E-mail address:

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### Excavation or Demolition Information

Excavator type: Municipality

Excavation or demolition equipment: Unknown/Other

Type of work performed: Traffic Sign

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**Date and Location of Damage**

Date of damage (*month, day, year*): Jul 12, 2012 \_\_\_\_\_

County: Franklin \_\_\_\_\_

City: Brookville \_\_\_\_\_

Street address (*number and street, city, state, and ZIP code*):  
27 Butler, Brookville, IN 47012 \_\_\_\_\_

Nearest intersection: Cliff 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? 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*): 1 \_\_\_\_\_

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

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

Property damage, Estimate \$ \_\_\_\_\_

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**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? 20 \_\_\_\_\_

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**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? Yes

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?

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### **Description of Cause**

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

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### **Additional Comments**

The town pulled out an old sign post and drove a new one in the same hole of the old and hit a service line. No locates were called in. This damage prompted a meeting with the City Manager and allowed for a good training session on Indiana811 and the Indiana Dig Law.

If any action is taken, it is Sycamore's opinion that a training for the town employees would be sufficient.



**INFORMATION REQUEST**

State Form 54909 (2-12)  
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3633

*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: TOWN OF BROOKVILLE

Responsible Party Personal Name: BRENT RIEHLE

Title (if any): STREET SUPERINTENDENT

Address (number and street): 1020 FRANKLIN AVENUE

City, State and ZIP Code: BROOKVILLE, INDIANA 47012

Preferred Telephone Number (area code): 765-647-4600

Cellular Telephone Number (area code): 513-502-4856

Email Address: brentst@tczone.com

**Facility Information:**

Business Name: SYCAMORE GAS COMPANY

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): Hand Tools

Type of Work Performed (select one): Pole

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

Personal Contact: N/A \_\_\_\_\_

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: \_\_\_\_\_

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**Utility Line Impact**

**Location of Damage:**

Address (*number and street*): 27 BUTLER AVENUE

City, State and ZIP Code: BROOKVILLE, INDIANA 47012

Nearest Intersection: ST 52 & CLIFF STREET

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 1"

Pressure (PSIG/Inches): 25

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

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

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**Locate Information**

Excavator Request Locate:  Yes  No

Indiana 811 Locate Ticket Number: \_\_\_\_\_

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: NONE

Number of Inpatient Treated: NONE

Number of Fatalities: NONE

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

**Additional Information / Comments**

THE EMPLOYEES OF THE TOWN OF BROOKVILLE (STREET DEPARTMENT) WERE HAND DRIVING IN STOP SIGN POSTS FOR HIGH INTENSITY STOP SIGNS. I HAD CALLED IN FOR UTILITY LOCATES, BUT REGRETFULLY MISSED THIS SAID LOCATION.  
TO REMEDY THIS, I KNOW LONGER WILL VERBALLY TELL THE EMPLOYEES, BUT WILL PHYSICALLY GO TO EACH SITE TO LOOK WHERE EACH POST IS TO BE DRIVEN AFTER UTILITIES HAVE BEEN MARKED.  
HOPEFULLY, THIS WILL HELP ELIMINATE THE POSSIBILITY OF THIS HAPPENING AGAIN WHENEVER WE DIG, DRIVE POSTS, ETC.  
IN ADDITION, IF A UTILITY IS CLOSE, WE WILL NOT PUT IN A NEW POST. WE WILL ADD A SECTION TO THE EXISTING POST TO GAIN PROPER SIGN HEIGHT.  
THIS BEING MY FIRST OFFENSE, I CAN ASSURE I WILL CALL IN AND DOUBLE CHECK THE UTILITY LOCATE TO PREVENT THIS FROM HAPPENING AGAIN.  
THANK YOU.

*Brent Riehle*  
BRENT RIEHLE, STREET SUPERINTENDENT

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3633

Your Full Name: BRENT D RIEHLE

Full Name of Business / Entity (if applicable): TOWN OF BROOKVILLE

Your Business Title (if applicable): STREET SUPERINTENDENT

Address (number and street): 1020 FRANKLIN AVENUE

City: BROOKVILLE State: IN ZIP Code: 47012

Your E-mail Address: brentst@etzone.com

Today's Date (month, day, year): SEPTEMBER 20, 2012

Your Signature: Brent Riehle Title (if any) ST SUPERINTENDENT

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3633**  
**Indiana Utility Regulatory Commission**  
**101 West Washington Street, 1500E**  
**Indianapolis, IN 46204**

Or scan the statement and Email to:

[PipelineDamageCase@iurc.in.gov](mailto:PipelineDamageCase@iurc.in.gov)