



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

Pipeline Safety Division Investigation Report

Investigation regarding: Brad Gilliland Excavating

UPPAC Database Record ID: 4021

Report Date: 6/11/2013

Investigator: Mike Orr

Damage Date: 10/11/2012 12:02:45 PM

Damage Address: 612 S Fess Ave, Bloomington, Monroe

The Parties

Excavator: **Brad Gilliland Excavating**

Address: 2825 East Mel Currie, Bloomington, In 47408

Facility Owner: **Vectren**

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe

Type of Work Performed: Demolition

Damage Impact

Product Release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$731

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No

Indiana 811 Ticket Number: 1209242406

Original Start Date:

Locate Instructions: LOCATE THE ENTIRE PROPERTY

Follow-Up Locate Instructions (if applicable):

Synopsis: A natural gas service line was damaged by a trackhoe while demolition work was performed.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 11/30/2012. The excavator was performing building demolition without benefit of a locate or requesting gas service retirement.

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 S
State Form 54122 (R2 / 7-11)
INDIANA UTILITY REGULATORY COMMISSION

INITIAL DOCUMENTS -
OPERATOR
CASE 4021

Submitted to IURC-Pipeline Safety on: 12-14-2012

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: Brad Gilliland Construction

Business address (number and street): 2825 E Melcurrie

City, State, and ZIP code: Bloomington, IN 47408

Telephone number (area code): 812-335-9544

Fax number (area code): Unknown

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Bldg. Demolition

Date and Location of Damage

Date of damage (*month, day, year*): 10-11-2012 _____

County: Monroe _____

City: Bloomington _____

Street address (*number and street, city, state, and ZIP code*):
614 E 2nd Street, Blomington _____

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? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0 _____

Was there a customer service interruption? No

If yes, how many affected? 0 _____

Time to restore service (*in hours*): 0 _____

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

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

Property damage, Estimate \$^{730.76} _____

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: _____

Was the locate request completed within two working days? No

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? 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? 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: --No notification made to the one-call center

Additional Comments

Broke 3/4" riser below lockwing while performing demolition. Did not negotiate retirement or call IN811.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

NOW DUE

\$730.76

GILLILAND, BRAD CONSTRUCTION
2825 E MELCURRIE
BLOOMINGTON, IN 47408

Type: GAS
Invoice: FDS0017083
BillToID: 32666
Billing Date: 11/29/2012
Date of Loss: 10/11/2012
5924 103.0510

Please return this portion with your remittance.



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

GILLILAND, BRAD CONSTRUCTION
2825 E MELCURRIE
BLOOMINGTON, IN 47408

Type: GAS
Invoice: FDS0017083
BillToID: 32666
Billing Date: 11/29/2012
Date of Loss: 10/11/2012

NOW DUE

\$730.76

Invoice For Costs to Repair and Reconstruct Damaged Property

Address: 614 E 2ND STREET, BLOOMINGTON
BROKE 3/4" RISER WHILE PERFORMING DEMOLITION.

Material:	\$14.50
Company Labor:	\$260.33
Contract Labor:	\$323.38
Transportation/Equipment:	\$37.19
Misc:	\$0.00
Gas Loss:	\$95.36
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$730.76

5924 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.: _____ Capital / O&M (circle one)

FDS 0017083

FACILITY TYPE

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

TIME OCCURRED: 12:00 AM/PM
TIME FOUND: 12:11 AM/PM

DATE OF DAMAGE: 10/11/12

LATITUDE 39.208266
LONGITUDE -86.575291

Cost Center No.: 852

DAMAGE SITE ADDRESS: 617 E 2nd St LOT #

COUNTY Monroe CITY: Bloomington STATE: IN TOWNSHIP Perry

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 checked="" 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	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 checked="" type="checkbox"/> RISER	2.00 INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input 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 _____			

- 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
 - NO LOCATES PERFORMED
 - QUALIFIED LOCATOR COULD HAVE ACCURATELY LOCATED
 - WRONG ADDRESS LOCATED
 - MARKINGS OFF BY _____ (FEET/INCHES)

TYPE OF MATERIAL	DAMAGE TYPE	PRESSURE
<input type="checkbox"/> CAST IRON	<input checked="" type="checkbox"/> SEVERED	<input type="checkbox"/> 25 PSIG
<input checked="" 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 checked="" type="checkbox"/> 50 PSIG
<input type="checkbox"/> STEEL	SIZE 3/4 X 3/4	<input 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 _____

- 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

PROTECTION IN PLACE: BUILDING FENCE NONE POST RAIL VAULT N/A

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

COMPANY REPRESENTATIVE ON SITE YES NO
OBSERVATION BY: _____
NAME OF LOCATOR: _____
LOCATING ORGANIZATION _____
 CONTRACT LOCATOR
 UNKNOWN/ OTHER
 UTILITY OWNER

FEED TYPE: ONE-WAY FEED TWO-WAY FEED
NUMBER OF CUSTOMERS AFFECTED: -0-
TOTAL HOURS SERVICE WAS OFF _____

COPY OF MARKOUT REQUEST PROVIDED WITHIN 2 WORKING DAYS
 YES NO N/S

DAMAGED BY	TYPE OF CONSTRUCTION
<input type="checkbox"/> COMPANY CREW	<input type="checkbox"/> AGRICULTURE
<input checked="" type="checkbox"/> CONTRACTOR	<input type="checkbox"/> BLDG. CONSTRUCTION
<input type="checkbox"/> COUNTY	<input checked="" 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 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 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
	<input type="checkbox"/> PUBLIC TRANSIT AUTHORITY
	<input type="checkbox"/> RAILROAD MAINTENANCE
	<input type="checkbox"/> IF OTHER _____

NOTIFICATION AND OTHER DETAILS OF LOCATE
 LOCATE TICKET #: _____
DATE: _____ TIME: _____ AM/PM
 REGULAR REQUEST EMERGENCY REQUEST

WORKING FOR: CITY COUNTY DEVELOPER PROPERTY/OWNER STATE UTILITY

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	DAMAGING CAUSE
<input type="checkbox"/> AUGER	<input type="checkbox"/> ABANDON FACILITY
<input checked="" type="checkbox"/> BACKHOE/TRACKHOE	<input type="checkbox"/> DETERIORATED FACILITY
<input type="checkbox"/> BORING	<input type="checkbox"/> FACILITY COULD NOT BE FOUND/LOCATED
<input type="checkbox"/> DRILLING	<input type="checkbox"/> FACILITY WAS NOT LOCATED/MARKED
<input type="checkbox"/> EXPLOSIVES	<input type="checkbox"/> FAILURE TO MAINTAIN CLEARANCE
<input type="checkbox"/> FARM EQUIPMENT	<input type="checkbox"/> FAILURE TO MAINTAIN MARKS
<input type="checkbox"/> GRADER/SCRAPER	<input type="checkbox"/> FAILURE TO SUPPORT EXPOSED FACILITY
<input type="checkbox"/> HAND TOOLS	<input type="checkbox"/> FAILURE TO USE HAND TOOLS WHERE REQ
<input type="checkbox"/> MILLING EQUIPMENT	<input type="checkbox"/> IMPROPER BACKFILLING
<input type="checkbox"/> PLOW	<input type="checkbox"/> INCORRECT RECORDS/MAPS
<input type="checkbox"/> PROBING DEVICE	<input type="checkbox"/> MARKING OR LOCATIONS NOT SUFFICIENT
<input type="checkbox"/> TRENCHER	<input checked="" type="checkbox"/> NO NOTIFICATION MADE TO ONE-CALL CENT
<input type="checkbox"/> VACUUM EQUIPMENT	<input type="checkbox"/> ONE-CALL NOTIFICATION ERROR
<input type="checkbox"/> VEHICLE	<input type="checkbox"/> PREVIOUS DAMAGE
	<input type="checkbox"/> WRONG INFORMATION PROVIDED
<input type="checkbox"/> IF OTHER _____	<input type="checkbox"/> 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: BRAD Gilliland
 ADDRESS: 2825 E McI CURRIE Rd.
 CITY/STATE/ZIP: Bloomington 47408
 PHONE NUMBER: 812-335-9544
 PREPARED BY: D. Jernick DATE: _____

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: Miller Pipe Line
 # OF REGULAR HOURS: 1.0
 # OF OVERTIME HOURS: _____
 # OF REGULAR HOURS: _____
 CREW TYPE: 3 Man

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: Brad Gilliland
 ADDRESS: 2825 E McI CURRIE Rd
 CITY/STATE/ZIP: Bloomington 47408
 PHONE NUMBER: 812-335-9544
 REVIEWED BY FIELD SUPERVISOR: Kanda Powers DATE: 10/15/12

NORMAL NOTICE

Ticket : 1209260242 Date: 09/26/2012 Time: 07:50 Oper: DHIGHBAUGH Chan:091

State: IN Cnty: MONROE Twp: PERRY
 Cityname: BLOOMINGTON Inside: Y Near: N
 Subdivision:

Address :
 Street : E 2ND ST
 Cross 1 : S HENDERSON ST Within 1/4 mile: Y
 Location: LOCATE ALLEY SOUTH OF THE ADDRESS OF 614 E 2ND STREET---AREA IS
 FLAGGED AND PAINTED IN WHITE
 :
 Grids : 3909B8631C 3909B8631B

Work type : RETIRE GAS SERVICE
 Done for : VECTREN
 Start date: 09/28/2012 Time: 08:00 Hours notice: 48/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 1 DAY Depth: 4 FEET

Company : VECTREN Type: MEMB
 Co addr : 205 SOUTH MADISON AVENUE
 City : BLOOMINGTON State: IN Zip: 47404
 Caller : DICK GUY Phone: (812)330-4002
 Contact : DICK GUY - CELL Phone:
 BestTime:
 Mobile : (812)360-3987

Remarks : All tickets are taken and processed on Eastern Daylight Time
 Will you be white-lining the dig site area? YES
 :

Submitted date: 09/26/2012 Time: 07:50
 Members: ID0002 ID1443 ID3147 ID3452 ID3740 ID5960 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
BLOOMINGTON TRAFFIC DIVISION, CITY OF TRAFFIC	
BLOOMINGTON UTILITIES, CITY OF	SEWER & WATER
COMCAST CENTRAL (BLOOMINGTON)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
INDIANA UNIVERSITY - BLOOMINGTON	
VECTREN - BLOOMINGTON	GAS

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

Service Order Status

Enter Service Order Number:

5395082



[Clear Form](#) [Refresh Data](#)

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5395082

Order Type: LEAK

Order Status: Completed

Customer: 600644065 - MISHEIKIS FOODS INC

Prem: 5186626 - 614 E 2ND ST

Technician: 2033 - Janneck, Dave

Order Dates and Times

Need Date: 10/11/2012 12:06:00 PM
Time Created: 10/11/2012 12:02:32 PM
Time Dispatched: 10/11/2012 12:02:33 PM
Time In Route: 10/11/2012 12:04:45 PM
Time On-Site: 10/11/2012 12:11:53 PM
Tech Complete: 10/11/2012 1:31:27 PM
Time Closed: 10/11/2012 1:31:27 PM

Events Performed/Completion Code

LKIN - CMP

Meter Information

Current ReadStatus

Old Meter:

New Meter:

Completion Notes

contractor with trackhoe tore off meter set below lockwing, called out crew they arrived and shut down service at mmain and will retire out service

Request Notes

MTR BASE BROKE OFF WHILE HOME BEING DEMOLISHED ...GAS BLOWING PERDAN MURPHY...812-320-2479...XST: SO UTH E CORNER OF 2ND AND HENDERSON...ODOR MAY BE INSIDE...THIS IS RES AREA.../BRAD GILLIAN EXCAVATING /

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	10/11/2012 12:04:31 PM	Janneck, Dave
AsnAssignmentEnRoute_evt	10/11/2012 12:04:45 PM	Janneck, Dave
AsnAssignmentOnSite_evt	10/11/2012 12:11:53 PM	Janneck, Dave
OrdOrderComplete_evt	10/11/2012 1:31:27 PM	Janneck, Dave

NOTE:The Reporting database replicates in near real-time; it has been approximately 0 minute(s) since the last transaction replicated.