STATE OF INDIANA

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: Springs Valley Regional Water District

UPPAC Database Record ID: 4201

Report Date: 6/19/2013 Investigator: Mike Orr

Damage Date: 12/3/2012 Damage Address: College Street, French Lick, Orange

The Parties

Excavator: **Springs Valley Regional Water District**

Address: 7782 W Sr 56, West Baden, In 47469

Facility Owner: **Indiana Natural Gas Corporation**

Pipeline Facility

Facility Type: Natural Gas Facility Function: Service/Drop

Type of Equipment: Backhoe/Trackhoe Type of Work Performed: Water

Damage Impact

Product Release: No Ignition: No

Service Interruption: False Number of Customers Affected: 0

Injuries: 0 Fatalities: 0 Repair Cost (if known): $4000

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No Indiana 811 Ticket Number: Original Start Date:

Locate Instructions:

Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator struck and damaged an underground natural gas service while performing water work.

Findings: Reported by Phil Ross - Indiana Natural Gas Corp.; excavator did not respond to initial notice mailed 2/14/2013. The excavator failed to provide notice of excavation to maintain clearance from the gas service with the backhoe.

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: Dec 10, 2012

Who is submitting this information?

Name of person providing this information: Phil Ross - Indiana Natural Gas Corp.

Business address *(number and street)*: 1080 W Hospital Road

City, State, and ZIP code: Paoli, IN 47454

Telephone number *(area code)*: 812-23-2151

Fax number *(area code)*: 812-723-2188

E-mail address: phil_r@indiananatural.com

Excavator Information, if known

Full name: Springs Valley Regional Water District

Business address *(number and street)*: 7782 W SR 56

City, State, and ZIP code: West Baden, IN 47469

Telephone number *(area code)*: 812-936-9658

Fax number *(area code)*: 812-936-9069

E-mail address:

Excavation or Demolition Information

Excavator type: Utility

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): Dec 3, 2012

County: Orange

City: French Lick

Street address (*number and street, city, state, and ZIP code*):
Intersection of College Street and Bellview Street

Nearest intersection: see above

Right of way where damage occurred: Public - City Street

Was there a release of product? No

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? No

If yes, how many affected? _____

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

Enter number of injuries, if applicable and known: _____

Enter number of fatalities, if applicable and known: _____

Property damage, Estimate $4,000

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches? 14

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?

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? Yes

Did the excavator notify Indiana 811 in the event of this damage? Unknown/Other

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

On 12/3/2012 Springs Valley Water was installing a water service without requesting a locate. Their backhoe bucket struck and bent the 1 1/4" Steel service line that feeds Medco Nursing Home in French Lick. No gas leaked as a result of this hit, however the line where damaged will require replacement, and this work has been scheduled for the week of 12-17-12. The property damage of $4000 is estimated based on the cost of bypassing, stopping, and replacing the bent section of 1 1/4" steel (while maintaining service to the nursing home) and the cost of repairing the street which will have to be dug up to replace the line. Phil Ross discussed this line hit with SV water in light of the lack of locate request to re-emphasize the need to get utilities located every time before excavation. SV water indicated they would see that the road was fixed after the gas line repair is complete.

Acct# 2612 202 00000 00 Truck # 02 Order # 21595

Service __ Meter __ Leak Order __ Misc __ Work X

****

Name TOWN OF FRENCH LICK , _____ Date 12/3/2012
Addr COLLEGE & BELLEVIEW Time Called 08:25
Town FRENCH LICK St IN Zip 47432- Needed 12/3/2012

Mtr Location: Front __ Left __ Right __ Back __ Taken By mr
Remarks town smashed line digging NO LOCATES Cycle# 20
MapPg# _____
Owner _____ G/L# 892

****

Meter Reqst: Remove Meter __ Set Meter __ Set Regulator __ Turn On __
Turn Off __
Meter # _____ _____ Type _____ Xpondr# _____ Read Only __
Chng Meter __
Size 0 _____ Orf _____ SetDate 1/1/2099 Check Meter __
Other X
Index 0 0000 Press _____ New Xponder# _____
5 Min. Leak Test OK __ Set Date _____ New Xponder SetDate _____

****

Installation _____ Ft.of_____ PE __ ST __ New __ Existing __ Retire __

Remove _____ Ft.of_____ PE __ ST __ Retirmnt # _____

Remarks digging without locate

****

Leak Found : Yes __ No __ Leak Report # _____ CO Report # _____
Ordorant Test : OK __ Strong __ Weak __ N/A __ Locate __
Red Tag # _____ Equip Shut Off _____
Equip @ Site: Furnc __ W/H __ S/H __ Rng __ Dry __ Grill __ Logs __ Other __
Desc of Work Prfrmd : pipe replacement

****

MATERIALS

Used	Return	Item#	$Each	$Total	Description

Total Inventory Cost - $0

****

Date Started 12/3/2012 Date Completed 12/3/2012 Date Inputed 12/6/2012

PERFORMED BY tps Approved By MRM

Town: FRENCH LICK
Address: COLLEGE & BELLEVIEW
Account 2612 202 00000 00

Map#:
Work Order #: 21595

IUPPS Locate#:

Type:
- [ ] Meter
- [ ] Service
- [ ] Main
- [ ] Leak Repair
- [ ] Leak Investigation
- [ ] Valve Maintenance
- [ ] Valve Box Repair
- [ ] Exposed Line
- [x] Sunken Cut
- [ ] Clean up
- [ ] Cut + Plug / Retirement
- [ ] Riser Repair / Replacement
- [ ] Anode Installation
- [ ] Other

Excavation Damage: (•) Yes | Jurisdictional: (•) Yes ( ) No | Reportable: (•) Yes ( ) No

Pop:
- ( ) Rural
- (•) Residential
- ( ) Business
- ( ) School Zone

Ground Surface:
- ( ) Soil
- ( ) Soil + Pavement
- (•) Pavement
- ( ) Gravel

Facility:
- [ ] Main
- [x] Service
- [ ] Cust. Pipe

System:
- [ ] Dist. High (>60)
- [x] Dist. Medium (<60)

Location:
- [ ] Riser
- [ ] Compression Fitting
- [ ] Meter
- [x] Pipe
- [ ] Tapping Tee
- [ ] Insulator
- [ ] Valve
- [ ] Appliance
- [ ] Other

MAOP: Pressure: **58** psi | NOP: Pressure: **43** psi (Refer to Maps)

Exsisting Excess Flow Valve : ( ) Yes (•) No | Installed Excess Flow Valve : ( ) Yes (•) No

Line Test: Pressure: Duration: ( ) Chart ( ) Gauge

Facility Tested: Type Size Footage
PreTested Coil# Description

Exposed Pipe Data - Visual Inspection Report

Name: **town of french lick** Type of Work: **kinked 1/1/4in steel .140**

Class Location ( ) Class 1 ( ) Class 2 (•) Class 3 ( ) Class 4 | Year Installed **1971**

Pipe Material (•) Coated Steel ( ) Plastic

Pipe Depth **24in** Pipe Wall Thickness **.140** Pipe Size **1-1/4**

Pipe Condition (•) Good ( ) Poor | CP Read **.85**

Pipe Coating: (•) Good ( ) Poor ( ) None | Type : ( ) Coal Tire ( ) 3M ( ) X-Tru

Pipe Cover [ ] Concrete [x] Asphalt [x] Rock [ ] Sand [ ] Clay [ ] Loam [ ] Shale

Pitting Depth (•) None ( ) Shallow ( ) Medium ( ) Deep

Extent of Corrosion (•) None ( ) Localized ( ) Medium ( ) Extensive

Internal Corrosion ( ) None ( ) Light ( ) Medium ( ) Heavy (•) Not Seen

Installed Anode ( ) Yes ( ) No | Installed Insulator: ( ) Yes ( ) No | Location: [ ] Main [ ] Service [ ] Meter

Corrective Action (If Needed) **replaced at later date**

LEAK REPORT Page 2

Leak# Taken By

Arrv. Date 12/3/2012 Arrv. Time 11:30:00 AM

Source: ☐ Customer ☑ Contractor ☐ Fire/Police ☐ Field ☐ Leak Survey ☐ Spec Srvy ☐ Ans. Service

Leak Found: ○ Yes ○ No | Jurisdictional: ○ Yes ○ No | Reportable: ○ Yes ○ No

Grade / Priority
- ○ 1 or C -Requires Immediate repair or continuous action until it is
- ○ 2 or B -Eliminated by lubrication, adjustment, or tightening - ○ Yes ○ No
- ○ 3 or A -Eliminated by lubrication, adjustment, or tightening - ○ Yes ○ No

Migration Potential: ○ High ○ Some ○ None | Odor Read: ○ High ○ Medium ○ Low

CGI Read: % Gas Barhole % LEL Barhole % Gas Inside % LEL Inside

Cause of Leak on Jurisdictional Pipe:

Corrosion:
- ○ Corrosion (pinhole)

Natural Forces:
- ○ Storm Damage
- ○ EarthQuake
- ○ Erosion
- ○ Flood/Rain

Excavation:
- ○ Damage by MNG/ING
- ○ Damage by MNG/ING Contractor
- ○ 3rd Party Damage

Other Outside Force:
- ○ Explosion
- ○ Fire
- ○ Vandalism
- ○ Other
- ○ Vehicular

Material or Welds:
- ○ Faulty Weld (all)
- ○ Mfg. Defect
- ○ Const. Defect

(Dent, Gouge, Stress)

Equipment:
- ☐ Gaskt, Packing, O-ring, Lube
- ☐ Failed Regulator
- ☐ Broken : pipe,coupling,nipple
- ☐ Instrument
- ☐ Thread Leak
- ☐ Failed Valve
- ☐ Improper Valve Operation
- ☐ Failed Relief

Incorrect Operations:
- ○ Procedure Violation
- ○ Safety Violation

Other:
- ○ Identify

Cut Dimensions:
Orifice Diameter
"
Length x Width
" x "

Duration of Release
Minutes

Kind: ○ Bare Steel ◉ Coated ○ Plastic ○ Cast Iron

Size: ○ 1/2" ○ 3/4" ○ 1" ◉ 1 1/4" ○ 1 1/2" ○ 2" ○ 3" ○ 4" ○ 6" ○ 8" ○ 10" ○ Other

○ Federal Land ○ Replaced or Abandoned

Work Performed for Temporary Repairs: **going to replace at later date**

Work Performed for Permanent Repairs:

Mechanical Fitting Failure

Const.: ○ Stab ○ Bolted ○ Nut Follower ○ Other

Type: ○ Service or Main Tee ○ Tapping Tee ○ Transition ○ Coupling ○ Riser ○ Adapter ○ Valve ○ Sleeve ○ End Cap ○ Plexco T Celcon Cap ○ Other

Loc in System: ○ AboveGrounc ○ BelowGrounc ○ Inside ○ Outside ○ Main to Main ○ Main to Service

Yr Install: Yr Manuf.: Decade Install: Manuf.: Pt or Mod#: Lot#:

Fitting Material: ○ Steel ○ Plastic ○ Combination ○ Brass ○ Unkown ○ Other

Nominal Size: ○ IPS ○ CTS ○ NPS

First Joined Material: Second Joined Material: Date of Failure:

Date: 12/3/2012 Time: 1:30:00 AM Crew: tps Supervisor: tps

Town: FRENCH LICK
Address: COLLEGE & BELLEVIEW
Account 2612 202 00000 00

Map#:
Work Order #: 21595

IUPPS Locate#: 1212060957

Type:
- [ ] Meter
- [x] Service
- [ ] Main
- [ ] Leak Repair
- [ ] Leak Investigation
- [ ] Valve Maintenance
- [ ] Valve Box Repair
- [ ] Exposed Line
- [ ] Sunken Cut
- [ ] Clean up
- [ ] Cut + Plug / Retirement
- [ ] Riser Repair / Replacement
- [ ] Anode Installation
- [ ] Other

Excavation Damage: (•) Yes

Jurisdictional: (•) Yes ( ) No

Reportable: (•) Yes ( ) No

Pop:
- ( ) Rural
- ( ) Residential
- (•) Business
- ( ) School Zone

Ground Surface:
- ( ) Soil
- (•) Soil + Pavement
- ( ) Pavement
- ( ) Gravel

Facility:
- [ ] Main
- [x] Service
- [ ] Cust. Pipe

System:
- [ ] Dist. High (>60)
- [x] Dist. Medium (<60)

Location:
- [ ] Riser
- [ ] Compression Fitting
- [ ] Meter
- [ ] Pipe
- [ ] Tapping Tee
- [ ] Insulator
- [ ] Valve
- [ ] Appliance
- [x] Other **service line**

MAOP: Pressure: **58** psi

NOP: Pressure: **42** psi (Refer to Maps)

Exsisting Excess Flow Valve : ( ) Yes (•) No

Installed Excess Flow Valve : ( ) Yes (•) No

Line Test: Pressure: **100** Duration: **15min** ( ) Chart (•) Gauge

Facility Tested: Type **Steel** Size **1-1/4** Footage **21'**

PreTested Coil# Description **tested 21 ' pipe 11/4" .140**

Exposed Pipe Data - Visual Inspection Report

Name: **college st** Type of Work: **repair damaged service**

Class Location ( ) Class 1 ( ) Class 2 (•) Class 3 ( ) Class 4 Year Installed

Pipe Material (•) Coated Steel ( ) Plastic

Pipe Depth **24"** Pipe Wall Thickness **.140** Pipe Size **1-1/4**

Pipe Condition (•) Good ( ) Poor CP Read **.85**

Pipe Coating: (•) Good ( ) Poor ( ) None Type : ( ) Coal Tire ( ) 3M (•) X-Tru

Pipe Cover [ ] Concrete [x] Asphalt [ ] Rock [ ] Sand [ ] Clay [ ] Loam [ ] Shale

Pitting Depth (•) None ( ) Shallow ( ) Medium ( ) Deep

Extent of Corrosion (•) None ( ) Localized ( ) Medium ( ) Extensive

Internal Corrosion (•) None ( ) Light ( ) Medium ( ) Heavy ( ) Not Seen

Installed Anode ( ) Yes ( ) No Installed Insulator: ( ) Yes ( ) No Location: [ ] Main [ ] Service [ ] Meter

Corrective Action (If Needed) **replacing damaged 11/4" service**

LEAK REPORT Page 2

Leak# Taken By mr
Arrv. Date 2/12/2012 Arrv. Time 8:46:00 AM

Source: ☐ Customer ☐ Contractor ☐ Fire/Police
☑ Field ☐ Leak Survey ☐ Spec Srvy ☐ Ans. Service

Leak Found: ○ Yes ◉ No | Jurisdictional: ◉ Yes ○ No | Reportable: ◉ Yes ○ No

Grade / Priority
- ○ 1 or C -Requires Immediate repair or continuous action until it is
- ○ 2 or B -Eliminated by lubrication, adjustment, or tightening - ○ Yes ○ No
- ◉ 3 or A -Eliminated by lubrication, adjustment, or tightening - ○ Yes ◉ No

Migration Potential: ○ High ○ Some ◉ None | Odor Read: ○ High ◉ Medium ○ Low

CGI Read: 0 % Gas Barhole | 0 % LEL Barhole | 0 % Gas Inside | 0 % LEL Inside

Cause of Leak on Jurisdictional Pipe:

Corrosion:
- ○ Corrosion (pinhole)

Natural Forces:
- ○ Storm Damage
- ○ EarthQuake
- ○ Erosion
- ○ Flood/Rain

Excavation:
- ○ Damage by MNG/ING
- ○ Damage by MNG/ING Contractor
- ◉ 3rd Party Damage

Other Outside Force:
- ○ Explosion
- ○ Fire
- ○ Vandalism
- ○ Other
- ○ Vehicular

Material or Welds:
- ○ Faulty Weld (all)
- ○ Mfg. Defect
- ○ Const. Defect

(Dent, Gouge, Stress)

Equipment:
- ☐ Gaskt, Packing, O-ring, Lube
- ☐ Failed Regulator
- ☐ Broken : pipe,coupling,nipple
- ☐ Instrument
- ☐ Thread Leak
- ☐ Failed Valve
- ☐ Improper Valve Operation
- ☐ Failed Relief

Incorrect Operations:
- ○ Procedure Violation
- ○ Safety Violation

Other:
- ◉ Identify **no leak**

Cut Dimensions:
Orifice Diameter
"
Length x Width
" x "

Duration of Release
Minutes

Kind: ○ Bare Steel ◉ Coated ○ Plastic ○ Cast Iron

Size: ○ 1/2" ○ 3/4" ○ 1" ◉ 1 1/4" ○ 1 1/2" ○ 2" ○ 3" ○ 4" ○ 6" ○ 8" ○ 10" ○ Other

○ Federal Land ○ Replaced or Abandoned

Work Performed for Temporary Repairs: **no locate # kinked 11/4" service with backhoe**
Work Performed for Permanent Repairs: **replaced app 3' 11/4" repair made**

Mechanical Fitting Failure

Const.: ○ Stab ○ Bolted ○ Nut Follower ○ Other

Type: ○ Service or Main Tee ○ Tapping Tee ○ Transition ○ Coupling ○ Riser ○ Adapter ○ Valve ○ Sleeve ○ End Cap ○ Plexco T Celcon Cap ○ Other

Loc in System: ○ AboveGrounc ○ BelowGrounc ○ Inside ○ Outside ○ Main to Main ○ Main to Service

Yr Install: Yr Manuf.: Decade Install: Manuf.: Pt or Mod#: Lot#:

Fitting Material: ○ Steel ○ Plastic ○ Combination ○ Brass ○ Unkown ○ Other

Nominal Size: ○ IPS ○ CTS ○ NPS

First Joined Material: Second Joined Material: Date of Failure:

Date: 2/12/2012 Time: 4:00:00 PM Crew: ing Supervisor: ldn

Locate Sent to Truck - 10 on 12/6/2012

ID2151 00010 IUPPSa 12/06/2012 10:01:06 1212060957-00A NORM NEW STRT

NORMAL NOTICE

Ticket : 1212060957 Date: 12/06/2012 Time: 09:56 Oper: LPORTER Chan:046

State: IN Cnty: ORANGE Twp: FRENCH LICK
Cityname: FRENCH LICK Inside: Y Near: N
Subdivi
sion:

Address :
Street : E COLLEGE ST
Cross 1 : BELLEVIEW ST Within 1/4 mile: Y
Location: LOCATE NORTH SIDE OF INTERSECTION - -MARKED WITH WHITE LINES AND FLAGS IN GRASS
:
Grids : 3832A8636B
Boundary: n 38.549362 s 38.548264 w -86
612051 e -86.610651

Work type : REPAIR GAS MAIN
Done for : INDIANA NATURAL GAS
Start date: 12/10/2012 Time: 10:15 Hours notice: 96/048 Priority: NORM
Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
Duration : 1 DAY
epth: 3 FEET

Company : INDIANA NATURAL GAS CORPORATION Type: MEMB
Co addr : 1080 WEST HOSPITAL ROAD
City : PAOLI State: IN Zip: 47454
Caller : LARRY NICHOLSON Phone: (812)723-2151
Contact : LARRY NICHOLSON - CELL Phone:
BestTime:
Mobile :
812)653-1525
Fax : (812)723-2188
Email : LARRY_N@INDIANANATURAL.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
Will you be white-lining the dig site area? NO
:

Submitted date: 12/06/2012 Time: 09:56
Members: ID

Added by MNG

Completed on 12/6/2012 **Remarks : Flagged & Painted**

Indiana Natural Gas Corporation
1080 W. Hospital Rd.
P.O. Box 450
Paoli, IN 47454

Invoice

Number: **1269**

Date: **December 19, 2012**

Bill To:

Springs Valley Water
P.O. Box 368
West Baden, IN 47469

PO Number	Terms	Sales Rep	Sales Territory	Ship Via	Code

Date	Product ID	Dept.	Descriptio	Quantity	Price	Discount	Tax 1	Tax 2	Amount
Repair 1 1/4" Steel Service at College & Belleview									

Sub-Total	**$3,106.76**
State Tax 7.00% on 267.82	~~18.75~~
City Tax 0.00% on 0.00	0.00
Total	~~**$3,125.51**~~
Amount Paid: ~~3,125.51~~ 3106.76	
Amount Due: 0.00	

Phone # 812/723-2151

Paid 12-31-12

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
$0.00	$0.00	$0.00	$0.00	$0.00

Indiana Natural Gas Corporation
1080 W. Hospital Rd.
P.O. Box 450
Paoli, IN 47454

Invoice

Number: **1269**

Date: **December 19, 2012**

Bill To:

Springs Valley Water
P.O. Box 368
West Baden, IN 47469

PO Number	Terms	Sales Rep	Sales Territory	Ship Via	Code

Date	Product ID	Dept.	Descriptio	Quantity	Price	Discount	Tax 1	Tax 2	Amount
12/12/12			1" roll tape	1.00	8.10		✔		8.10
			2" roll tape	1.00	13.69		✔		13.69
			1"x3/4" bushing	2.00	2.26		✔		4.52
			1 1/4" Steel Short Stops	1.00	222.85		✔		222.85
			6"x3/4" nipples	2.00	2.52		✔		5.04
			1 1/4" Steel Pipe	3.00	4.54		✔		13.62
			Cave Quarries		69.89				69.89
			Gwaltney Drilling Labor		1,278.50				1,278.50
			Emergency Response Fee		100.00				100.00
			Labor	30.00	45.00				1,350.00
			Gross Receipts Tax		40.55				40.55

Phone # 812/723-2151

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
$0.00	$0.00	$0.00	$0.00	$0.00

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Dec 10, 2012

Who is submitting this information?

Name of person providing this information: Phil Ross - Indiana Natural Gas Corp.

Business address *(number and street)*: 1080 W Hospital Road

City, State, and ZIP code: Paoli, IN 47454

Telephone number *(area code)*: 812-23-2151

Fax number *(area code)*: 812-723-2188

E-mail address: phil_r@indiananatural.com

Excavator Information, if known

Full name: Springs Valley Regional Water District

Business address *(number and street)*: 7782 W SR 56

City, State, and ZIP code: West Baden, IN 47469

Telephone number *(area code)*: 812-936-9658

Fax number *(area code)*: 812-936-9069

E-mail address:

Excavation or Demolition Information

Excavator type: Utility

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): Dec 3, 2012

County: Orange

City: French Lick

Street address (*number and street, city, state, and ZIP code*):
College Street

Nearest intersection: Bellview Street

Right of way where damage occurred: Public - City Street

Was there a release of product? No

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? No

If yes, how many affected? _____

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

Enter number of injuries, if applicable and known: _____

Enter number of fatalities, if applicable and known: _____

Property damage, Estimate $4,000

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Distribution

What was the depth of the facility, in inches? 14

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?

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? Yes

Did the excavator notify Indiana 811 in the event of this damage? Unknown/Other

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

On 12/3/2012 Springs Valley Water was installing a water service without requesting a locate. Their backhoe bucket struck and bent the 1 1/4" Steel service line that feeds Medco Nursing Home in French Lick. No gas leaked as a result of this hit, however the line where damaged will require replacement, and this work has been scheduled for the week of 12-17-12. The property damage of $4000 is estimated based on the cost of bypassing, stopping, and replacing the bent section of 1 1/4" steel (while maintaining service to the nursing home) and the cost of repairing the street which will have to be dug up to replace the line. Phil Ross discussed this line hit with SV water in light of the lack of locate request to re-emphasize the need to get utilities located every time before excavation. SV water indicated they would see that the road was fixed after the gas line repair is complete.