



Pipeline Safety Division Investigation Report

Investigation regarding: **Smith Projects, Inc.**

UPPAC Database Record ID: 2944

Investigator: Mike Orr

Report Date: 11/1/2012

Damage Date: 5/10/2012 1:48:42 PM

Damage Address: S 8th St

City: Noblesville

County: Hamilton

The Parties

Excavator: **Smith Projects, Inc.**

Contact: Greg Wensel

Address: 500 N Rangeline Road, Morristown, In 46161

Telephone:

Facility Owner: Vectren

Contact: Darlene Kulhanek

Address: 1 N Main Street, Evansville, IN 47702

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Distribution

Investigation regarding: Smith Projects, Inc.

UPPAC Database Record ID: 2944

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$1029

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1204250189

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Synopsis: A natural gas distribution line was damaged during a drainage project.

Findings: Reported by Indiana 811; excavator did not respond to initial notice mailed 6/21/2012. Excavator had a valid locate; however, the gas operator failed to correctly mark the facilities.

Conclusion: The gas operator failed to locate or provided incorrect locate markings.

Violation: IC 8-1-26-18(f): Operator failed to locate or provided incorrect locate markings.



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

July 5, 2012

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

Subject: Investigation Request for Information

Date of Event: 5/10/2012

Event Location: S 8th St, Noblesville

Facility Owner: Vectren

Excavator: Smith Projects

Other Party: N/A

Pipeline Division Case No. 2944

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: 7-13-2012

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: Smith Projects

Business address (*number and street*): 500 N Rangeline Road

City, State, and ZIP code: Morristown, IN 46161

Telephone number (*area code*): 317-326-8000

Fax number (*area code*): 317-326-2385

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Drainage

Date and Location of Damage

Date of damage (*month, day, year*): 5-10-2012

County: Hamilton

City: Noblesville

Street address (*number and street, city, state, and ZIP code*):
137 S 8th Street, Noblesville, IN

Nearest intersection: Unknown

Right of way where damage occurred: Dedicated Public Utility Easement

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 \$ 1,029.18

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? _____

Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1204250205

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

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: --Incorrect facility records/maps

Additional Comments

2" plastic main damaged by hoe. Records.

FDS-0016202

Task No: 103.0509 Capital (O & M) (circle one)
Date of Damage 5 / 10 / 12
Cost Center # 5830
Time Occurred 1:30 am/pm (pm)
Time Found 1:58 am/pm (pm)
Latitude 40.0445 Longitude: -86.01459

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

Vectren Claims Camera:

FACILITIES DAMAGE REPORT

GAS

VE01409
Form 3112

DAMAGE SITE:
Address 137 S. 8th St. Lot # _____
County HAMILTON City Noblesville State IN Township Noblesville

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 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 checked="" 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 checked="" 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 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:
 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

TYPE OF MATERIAL: Cast Iron Plastic (HDPE) Plastic (MDPE) Steel Other _____
DAMAGE TYPE: Severed Not Cut Severed
 Size 1 x 1
PRESSURE: 25 PSIG 40 PSIG 50 PSIG 55 PSIG 60 PSIG 6 WC (.2163) 7 WC (252) Other _____

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: _____ (Feet / Inches)

PROTECTION IN PLACE: Building Fence None Post Rail Vault N/A Other _____
DURATION OF ESCAPING GAS:
 Minutes: 50min

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
 Company Representative On-Site: Yes No

LEAK REPORT NUMBER: _____
FEED TYPE: One-Way Feed Two-Way Feed
SERVICE ORDER NUMBER: N5238673
 EFV Activated Yes No N/S
 Number of Customers Affected: 0
 Total Hours Service Was Off: 0

Observation by (ID#): _____
 Name of Locator: _____
LOCATING ORGANIZATION:
 Contract Locator
 Unknown / Other
 Utility Owner

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

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:
 Locate Ticket: 1264250205
 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

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.)

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

- Did Excavator Notify You Yes No
- Excavation Required Yes No
- Media at Site Yes No
- Was There Ignition of Gas? Yes No
- INVOICE: Yes No N/S

DAMAGING PARTY:
 Name: Smith Projects
 Address: 500 RANGELINE Rd.
 City/ State/ Zip: MORRISTOWN, TN - 37161
 Phone: (317) 326-8000
 Prepared / Investigated By: _____ Date: 5-10-12

PARTY TO INVOICE:
 Name: N/A
 Address: _____
 City/ State/ Zip: None
 Phone: (_____) _____
 Reviewed by Field Supervisor: _____ Date: _____

DAMAGED 2" IN. MAIN APPEARS TO HAVE BEEN MIS-LOCATED.
 LOCATE WAS TURNED OVER TO VECTREN AS A UNTONABLE

Ticket Text and Map display for Ticket: # 1204250205

NORMAL NOTICE

Ticket : 1204250205 Date: 04/25/2012 Time: 07:37 Oper: CJODOM Chan:056

State: IN Cnty: HAMILTON Twp: NOBLESVILLE
 Cityname: NOBLESVILLE Inside: Y Near: N
 Subdivision:

Address :
 Street : S 8TH ST
 Cross 1 : MAPLE AVE Within 1/4 mile: Y
 Location: LOCATE FROM THE CENTER OF ABOVE INTERSECTION WEST APPROX 50 FEET AND SOUTH ON THE WEST SIDE OF S 8TH ST FOR APPROX 150 FEET -- A 50 FOOT WIDE PATH FOR THE ENTIRE LOCATING DISTANCE
 :
 Grids : 4002B8600A

Work type : INSTALL PARKING LOT STORM SEWERS
 Done for : CITY OF NOBLESVILLE
 Start date: 04/27/2012 Time: 07:45 Hours notice: 48/048 Priority: NORM
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N
 Duration : 1 MONTH Depth: 4 FEET

Company : SMITH PROJECTS Type: CONT
 Co addr : 500 N RANGELINE ROAD
 City : MORRISTOWN State: IN Zip: 46161
 Caller : GREG WENSEL Phone: (317)326-8000
 Contact : RYAN BODELL - CELL Phone:
 BestTime:
 Mobile : (317)750-8615
 Fax : (317)326-2385
 Email : GREGWENSEL@SMITHPROJECTS.COM

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

Submitted date: 04/25/2012 Time: 07:37
 Members: ID0002 ID0103 ID0660 ID2862 ID4866 ID5117 ID6348 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FIBERTECH	FIBER OPTIC
IN AMERICAN WATER NOBLESVILLE	
NOBLESVILLE, CITY OF	
VECTREN - NOBLESVILLE #1	GAS
ZAYO BANDWIDTH	FIBER OPTIC

[View Map](#)

[Close Map](#)

RETRANSMIT SEE REMARKS

Ticket : 1205102445 Date: 05/10/2012 Time: 13:48 Oper: BLIEVERTZ Chan:001
 Old Tkt: 1205102445 Date: 05/10/2012 Time: 13:41 Oper: BLIEVERTZ Rev: 00A

State: IN Cnty: HAMILTON Twp: NOBLESVILLE
 Cityname: NOBLESVILLE Inside: Y Near: N
 Subdivision:

Address :
 Street : S 8TH ST
 Cross 1 : CHERRY ST Within 1/4 mile: Y
 Location: FROM THE NORTHWEST CORNER OF ABOVE INTERSECTION LOCATE GOING NORTH
 APPROX 200 FEET ON THE WEST SIDE OF S 8TH ST TO INCLUDE WEST INTO THE PROPERTY
 APPROX 180 FEET
 :
 Grids : 4002B8600A

Work type : INSTALL PARKING LOT STORM SEWERS
 Done for : CITY OF NOBLESVILLE
 Start date: 05/10/2012 Time: 13:42 Hours notice: 0/000 Priority: EMER
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y
 Duration : 1 MONTH Depth: 4 FEET

Company : SMITH PROJECTS Type: CONT
 Co addr : 500 N RANGELINE ROAD
 City : MORRISTOWN State: IN Zip: 46161
 Caller : GREG WENSEL Phone: (317)326-8000
 Contact : RYAN BODELL - CELL Phone:
 BestTime:
 Mobile : (317)750-8615
 Fax : (317)326-2385
 Email : GREGWENSEL@SMITHPROJECTS.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time
 THIS TICKET IS BEING RETRANSMITTED DUE TO OPERATOR ERROR - CALLER IS JOHN MILLER
 -
 A VECTREN GAS LINE WAS HIT ON S 8TH ST APPROX 100 FEET NORTH OF CHERRY ST - GAS
 LINE IS BLOWING - CALLER CAN HEAR AND SMELL IT - LINE IS A 2 INCH ORANGEISH
 PEACH DUPONT LINE - CALLER HAS NOT CALLED 911 - ADVISED CALLER TO CALL 911 -
 CALLERS CREW IS ON SITE - CALLER HAS CALLED VECTREN - PREVIOUS TICKET NUMBER IS
 1204250189 - THANK YOU
 Will you be white-lining the dig site area? NO
 :

Submitted date: 05/10/2012 Time: 13:48
 Members: ID0002 ID0103 ID0660 ID2862 ID4866 ID5117 ID6348 SBCIN SM

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
DUKE ENERGY / FORMERLY CINERGY	ELECTRIC
FIBERTECH	FIBER OPTIC
IN AMERICAN WATER NOBLESVILLE	
NOBLESVILLE, CITY OF	
VECTREN - NOBLESVILLE #1	GAS
ZAYO BANDWIDTH	FIBER OPTIC

[View Map](#)

[Close Map](#)

Service Order Status

Monday, May 21, 2012

Enter Service Order Number:

Banner Instance: CS03PROD CS01PROD CS02PROD
Order Number: N5238673
Order Type: LEAK
Order Status: Completed

Customer: 620832453 - GROOMS MARTHA
Prem: 5234078 - 137 S 8TH ST

Technician: 2912 - Russell, Kevin

Order Dates and Times

Need Date: 5/10/2012 1:58:00 PM
Time Created: 5/10/2012 1:46:49 PM
Time Dispatched: 5/10/2012 1:46:49 PM
Time In Route: 5/10/2012 1:47:38 PM
Time On-Site: 5/10/2012 1:58:56 PM
Tech Complete: 5/10/2012 3:26:29 PM
Time Closed: 5/10/2012 3:26:29 PM

Events Performed/Completion Code

LKNS - CMP

Meter Information

Current ReadStatus
Old Meter:
New Meter:

Completion Notes

CONTRACTOR DAMAGED 2"IN.PL.GAS MAIN WHILE DIGGING FOR DRAINAGE INSTALLATION.LINE
 E APPEARED TO HAVE BEEN MIS MARKED.LINE WAS SHUT DOWN AT 2:20PM.BY CO.CREW AND
 REPAIRS ARE CURRENTLY BEING COMPLETED.

Request Notes

PER ANDREW RODEWALD, CITY OF NO HIT LINE IN FRONT OF THIS ADDRESS, BLOWING.X ST CHERRY ST. LINES WER
 E LOCATED, BUT THIS WAS NOT MARKED. NO PETS.cONTACT IS JON MILLER 765-561-6485 ONSITE.

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	5/10/2012 1:47:35 PM	Russell, Kevin
AsnAssignmentEnRoute_evt	5/10/2012 1:47:38 PM	Russell, Kevin
AsnAssignmentOnSite_evt	5/10/2012 1:58:56 PM	Russell, Kevin
OrdOrderComplete_evt	5/10/2012 3:26:29 PM	Russell, Kevin

NOTE:The Reporting database replicates in near real-time; it has been approximately 18 minute(s) since the last transaction replicated.