



## Pipeline Safety Division Investigation Report

### Investigation regarding: Weber Concrete Construction

UPPAC Database Record ID: 2972

Investigator: Howard Friend

Telephone: (317) 650-9105

Report Date: 8/8/12

### The Parties

Excavator: Weber Concrete Construction

Contact: Tim Eckert, Business Manager

Address (City, State): PO Box 837, Zionsville, IN 46077

Telephone: 317-873-9728

### Facility Owner Information:

Business Name: Vectren

Contact: Darlene Kulhanek

Address (City, State): 1 N Main Street, Evansville, IN 47702

Telephone: (812) 491-4227

### Utility Line Impact:

Damage Date: 5/18/12

Damage Address: 232 E. McClarnon

City: Greenfield

County: Hancock

**Pipeline Facility**

Product Type: Natural Gas

Facility Type/Function: Service

Facility size: 1”

Service Interruption: Yes

Number of Customers One

Repair Cost (if known): \$771.78

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

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Basement Construction

Product release: Yes

Ignition: No

Excavator notify 811: Yes

**Locate Information:**

Excavator request locates: No

Indiana 811 ticket Number: None

**Incident Impact Information:**

Injuries: None

Fatalities: None

**Synopsis: A natural gas service was damaged during excavation for a basement.**

**Findings: The excavator failed to provide notice of excavation and was working utilizing another excavator locate number.**

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

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

NO

LOCATE

TICKET

PROVIDED

# STATE OF INDIANA



INITIAL DOCUMENTS –  
OPERATOR

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: 5/18/2012

Event Location: 232 E McClarnon Dr, Greenfield

Facility Owner: Vectren

Excavator: Weber Concrete

Other Party: N/A

Pipeline Division Case No. 2972

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: Dan Cameron Builders

Business address (*number and street*): 625 Cranberry Drive

City, State, and ZIP code: Greenfield, IN 46140

Telephone number (*area code*): 317-431-1987

Fax number (*area code*): Unknown

E-mail address: Unknown

### Excavation or Demolition Information

Excavator type: Developer

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Bldg. Construction

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**Date and Location of Damage**

Date of damage (*month, day, year*): 5-18-2012

County: hancock

City: Greenfield

Street address (*number and street, city, state, and ZIP code*):  
232 E McClarnon, Greenfield, IN

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? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 1

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate \$ 771.78

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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? \_\_\_\_\_

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**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? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Data Not Collected

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: 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? No

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? Unknown/Other

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### **Description of Cause**

Select from the list the most accurate cause for the damage: --Notification to one-call center made but not sufficient

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### **Additional Comments**

1" plastic service severed by hoe. No valid locates and not hand exposed.



2 VECTREN ENERGY DELIVERY OF INDIANA - NORTH

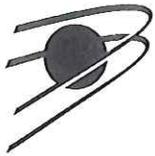
NOW DUE

\$771.78

CAMERON, DAN  
625 CRANBERRY DR  
GREENFIELD, IN 46140

Type: GAS  
Invoice: FDS0016246  
BillToID: 31930  
Billing Date: 7/6/2012  
Date of Loss: 5/18/2012  
5833 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

CAMERON, DAN  
625 CRANBERRY DR  
GREENFIELD, IN 46140

Type: GAS  
Invoice: FDS0016246  
BillToID: 31930  
Billing Date: 7/6/2012  
Date of Loss: 5/18/2012

NOW DUE  
\$771.78

**Invoice For Costs to Repair and Reconstruct Damaged Property**

Address: 232 E MCCLARNON DR, GREENFIELD

1" PLASTIC SERVICE SEVERED BY TRACKHOE. DID NOT REQUEST LOCATES.

Material:	\$22.83
Company Labor:	\$626.14
Contract Labor:	\$0.00
Transportation/Equipment:	\$95.63
Misc:	\$0.00
Gas Loss:	\$27.18
Adjustments:	\$0.00
Payments:	\$0.00
Total:	\$771.78

5833 103.0510

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

Vectren Claim Number: \_\_\_\_\_

FDS 0016246

Task No: 103.0510 Capital O & M (circle one)

Police Report / MO #: \_\_\_\_\_

Date of Damage 5/18/12

Cost Center # 5933

Time Occurred 10:00 am / pm

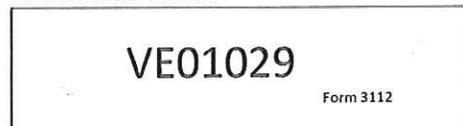
Time Found 10:10 am / pm

Latitude 39.90513 Longitude: -85.76714

# FACILITIES DAMAGE REPORT

## GAS

Vectren Claims Camera:



DAMAGE SITE: 232 E. McClarnon  
Address \_\_\_\_\_ Lot # \_\_\_\_\_

County Hancock City Greenfield State IN Township Center

**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 type="checkbox"/> Main	0.75 inch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meter (Residential)	1.00 inch	<input checked="" 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:**

- Visual Observation:  Above Ground  Below Ground 5/21
- 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: \_\_\_\_\_ (Feet / Inches)

- 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

**TYPE OF MATERIAL:**  Cast Iron  Plastic (HDPE)  Plastic (MDPE)  Steel

**DAMAGE TYPE:**  Severed  Not Cut  Severed Size \_\_\_\_\_ x \_\_\_\_\_

**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 min 10 min x est

LEAK REPORT NUMBER: 29932

EFV Activated  Yes  No  N/S

Observation by (ID#): 6839

**FEED TYPE:**  One-Way Feed  Two-Way Feed

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

Name of Locator: \_\_\_\_\_  
**LOCATING ORGANIZATION:**  Contract Locator  Unknown / Other  Utility Owner

SERVICE ORDER NUMBER: 5249796

- 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 \_\_\_\_\_

**NOTIFICATIONS AND OTHER DETAILS OF LOCATE:**

Locate Ticket: 1205143416  
Date: 5-14 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

Not his locate # landscaper locate

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

**DAMAGING PARTY:**  
 Name: DAW Cameron Blvd  
 Address: 625 CRAWBERRY DR  
 City/ State/ Zip: GREENFIELD TN 37040  
 Phone: (317) 431-1989 cell/H-317.326  
Jeremy L. Hicks 5-18-12  
 Prepared / Investigated By: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTY TO INVOICE:**  
 Name: Same  
 Address: \_\_\_\_\_  
 City/ State/ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
C. Stud 5-21-12  
 Reviewed by Field Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

5-14 Has locate # Was NOT marked

1205 14 3416

He was working off his landscapers locate. He never called in locates.  
 Chris Stud.

## NORMAL NOTICE

Ticket : 1205143416 Date: 05/14/2012 Time: 15:02 Oper: MMOELLER Chan:039

State: IN Cnty: HANCOCK Twp: CENTER  
 Cityname: GREENFIELD Inside: Y Near: N  
 Subdivision:

Address : 232  
 Street : E MCCLARNON DR  
 Cross 1 : IN RT 9 Within 1/4 mile: Y  
 Location: LOCATE THE ENTIRE PROPERTY - PLEASE PAINT AND FLAG  
 :  
 Grids : 3948C8545A 3948C8546D

Work type : INSTALL TREES  
 Done for : BOOKKEEPING PLUS  
 Start date: 05/16/2012 Time: 15:15 Hours notice: 48/048 Priority: NORM  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N  
 Duration : 2 WEEKS Depth: 3 FEET

Company : PRO CUT Type: CONT  
 Co addr : PO BOX 481  
 City : GREENFIELD State: IN Zip: 46140  
 Caller : JUSTIN FORD Phone: (317)714-8508  
 Contact : JUSTIN FORD - CELL Phone:  
 BestTime:  
 Mobile : (317)714-8508  
 Fax : (317)894-1577  
 Email : PROCUTLAWNLANDSCAPE03@YAHOO.COM

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

Submitted date: 05/14/2012 Time: 15:02  
 Members: ID0660 ID3131 ID5519 ID8545 ID8617 ID8888 SBCIN SM

Failed to get message text or map data: Object expected

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
GREENFIELD UTILITIES	ELECTRIC
GREENFIELD WATER UTILITY	WATER
NINE STAR CONNECT / FORMERLY HANCOCK TELECOM	TELEPHONE
VECTREN - GREENFIELD	GAS

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

DAMAGE SEE REMARKS

Ticket : 1205180736 Date: 05/18/2012 Time: 09:29 Oper: BLIEVERTZ Chan:001

State: IN Cnty: HANCOCK Twp: CENTER  
 Cityname: GREENFIELD Inside: Y Near: N  
 Subdivision:

Address : 232  
 Street : E MCCLARNON DR  
 Cross 1 : IN RT 9 Within 1/4 mile: Y  
 Location: LOCATE THE PROPERTY EAST OF THE EXISTING BUILDING  
 :  
 Grids : 3948C8545A 3948C8546D

Work type : BASEMENT INSTALL  
 Done for : DAN CAMERON BUILDERS  
 Start date: 05/18/2012 Time: 09:30 Hours notice: 0/000 Priority: EMER  
 Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: Y  
 Duration : 1 DAY Depth: 10 FEET

Company : WEBER CONCRETE Type: CONT  
 Co addr : PO BOX 837  
 City : ZIONSVILLE State: IN Zip: 46077  
 Caller : CHAD OBERBROECKLING Phone: (317)696-8902  
 Contact : CHAD OBERBROECKLING--CELL Phone:  
 BestTime:  
 Mobile : (317)696-8902  
 Fax : (317)873-9739  
 Email : CHADO@WEBERCONCRETE.COM

Remarks : All tickets are taken and processed on Eastern Daylight Time  
 A GAS LINE WAS HIT APPROXIMATELY 20 FEET EAST OF THE BUILDING - UNKNOWN COMPANY  
 - CALLER SAYS THEY PINCHED OFF THE GAS LINE SO IT IS NO LONGER BLOWING - SMELL  
 GASS BUT CANNOT HEAR IT ANY MORE - LINE IS YELLOW-PLASTIC-1 INCH - ADVISED  
 CALLER TO CALL 911 - CALLERS CREW IS ON SITE - CANNOT FIND PREVIOUS TICKET  
 NUMBER

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

Submitted date: 05/18/2012 Time: 09:29  
 Members: ID0660 ID3131 ID5519 ID8545 ID8617 ID8888 SBCIN SM

Failed to get message text or map data: Object expected

Member Name	Facility Types
AT&T - DISTRIBUTION	COMMUNICATIONS
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
COMCAST NORTHEAST (NOBLESVILLE)	CABLE TV
GREENFIELD UTILITIES	ELECTRIC
GREENFIELD WATER UTILITY	WATER
NINE STAR CONNECT / FORMERLY HANCOCK TELECOM	TELEPHONE
VECTREN - GREENFIELD	GAS

[View Map](#)

[Close Map](#)

Thursday, May 31, 2012

# Service Order Status

**Enter Service Order Number:**

5249796

**Banner Instance:**  CS03PROD  CS01PROD  CS02PROD  
**Order Number:** N5249796  
**Order Type:** LEAK  
**Order Status:** Completed

**Customer:** 620525436 - BOOKEEPING PLUS INC  
**Prem:** 5800178 - 232 E MCCLARNON DR

**Technician:** 2648 - Arnold, Dennis

**Order Dates and Times**

**Need Date:** 5/18/2012 9:50:00 AM  
**Time Created:** 5/18/2012 9:46:52 AM  
**Time Dispatched:** 5/18/2012 9:46:52 AM  
**Time In Route:** 5/18/2012 9:49:30 AM  
**Time On-Site:** 5/18/2012 9:57:36 AM  
**Tech Complete:** 5/18/2012 11:37:39 AM  
**Time Closed:** 5/18/2012 11:37:39 AM

**Events Performed/Completion Code**

LKOT - CMP

**Meter Information**

**Current Read Status**  
**Old Meter:** 2417 Inactive  
**New Meter:**

**Completion Notes**

ONE INCH SERVICE LINE CUT INTO,BY CONTRACTOR NO LOCATES SEEN.USED SOME-ONES ELSE LOCATES.CREW CALLED.MADE SAFE ON SERVICE.MTR.WILLBE OFF,DO TO RELOCATE SERVICE. NEXT WEEK.FURN.ONLY.

**Request Notes**

5/18/12- PER CHAD OBERBROECALING W/ WEBER CONCRETE/ ON SITE/ INSTALL BA/ HIT 1" LINE/ PINCHED OFF/ SERV OR MAIN?// NO GAS HISS OR ENTER INSIDE/ BLDG IS 20' AWAY/ NO PETS/ GAS METER OS/ ON SITE/ X-RD - HWY 9/ DAM LOC# 1205180736

**MDSI Event Dates and Times**

Event	Date/Time	User
AsnAssignmentManualAck_evt	5/18/2012 9:49:17 AM	Arnold, Dennis
AsnAssignmentEnRoute_evt	5/18/2012 9:49:30 AM	Arnold, Dennis
AsnAssignmentOnSite_evt	5/18/2012 9:57:36 AM	Arnold, Dennis
OrdOrderComplete_evt	5/18/2012 11:37:39 AM	Arnold, Dennis

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

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: ~~unknown~~ 2972

Your Full Name: Tim Eckert

Full Name of Business / Entity (if applicable): Weber Concrete Construction

Your Business Title (if applicable): Business Manager

Address (number and street): P.O. Box 837

City: Zionsville State: IN ZIP Code: 46077

Your E-mail Address: time@weberconcrete.com

Today's Date (month, day, year): June 29, 2012

Your Signature:  Title (if any) Business Manager

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 2972  
Indiana Utility Regulatory Commission  
101 West Washington Street, 1500E  
Indianapolis, IN 46204**

Or scan the statement and Email to:

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



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 2972

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*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.*

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### The Parties

#### Excavator Information:

Business Name: Weber Concrete Construction

Responsible Party Personal Name: Tim Eckert

Title (if any): Business Manager

Address (number and street): P.O. Box 837

City, State and ZIP Code: Zionsville, IN 46077

Preferred Telephone Number (area code): 317-873-9728

Cellular Telephone Number (area code): 317-407-9933

Email Address: time@weberconcrete.com

#### Facility Information:

Business Name: Dan Cameron Builders, Inc.

Responsible Party Personal Name: Dan Cameron

Title (if any): Builder

Address (number and street): 625 Cranberry Dr.

City, State and ZIP Code: Greenfield, IN 46140

Preferred Telephone Number (area code): 317-326-3636

Cellular Telephone Number (area code): 317-431-1987

Email Address: dcbi625@comcast.net

**Locator Service Information:**

Business Name: Pro Cut Landscaping

Responsible Party Personal Name: Justin Ford

Title (if any): unknown

Address (number and street): 625 Cranberry Dr.

City, State and ZIP Code: Greenfield, IN 46140

Preferred Telephone Number (area code): 317-326-3636

Cellular Telephone Number (area code): 317-431-1987

Email Address: dcbi625@comcast.net

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**Cause of Damage Information**

Type of Equipment (select one): Backhoe/Trackhoe

Type of Work Performed (select one): Bldg. Construction

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

Personal Contact: Dan Cameron

Business/Organization Name: Dan Cameron Builder, Inc.

Title (if any): Builder

Address (number and street): 625 Cranberry Dr.

City, State and ZIP Code: Greenfield, IN 46140

Preferred Telephone Number (area code): 317-326-3636

Cellular Telephone Number (area code): 317-431-1987

Email Address: dcbi625@comcast.net

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### Utility Line Impact

#### Location of Damage:

Address (*number and street*): 232 E. McClarnon Dr.

City, State and ZIP Code: Greenfield, IN 46140

Nearest Intersection: Sate Road 9 & E. McClarnon Drive

Product Type (*select one*): Natural Gas

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

Size (Diameter/etc.): 1"

Pressure (PSIG/Inches): unknown, minimum

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

Evacuation:  Yes  No If yes, How Many Evacuated? 1

Repair Cost (if known): \$ 0

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: 1205143416

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

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**Incident Impact Information**

Number of Outpatient Treated: <sup>0</sup> \_\_\_\_\_

Number of Inpatient Treated: <sup>0</sup> \_\_\_\_\_

Number of Fatalities: <sup>0</sup> \_\_\_\_\_

Fire Department Response:  Yes  No

Police Department Response:  Yes  No

Ambulance Response:  Yes  No

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**Additional Information / Comments**

The lot was marked and flagged and there appeared to be no lines including gas lines inside the marked off area where we were to excavate the basement. The unmarked gas line was a shallow service line that was struck within 10 minutes as the excavation began. We called 811 Emergency immediately and they gave us the telephone number to Vectren Energy which we called. Vectren soon arrived and turned off the supply to the line. We then proceeded to excavate the basement. The Vectren gas supply line was not marked.