



Pipeline Safety Division Investigation Report

Investigation regarding: **Reynolds, Inc.**

UPPAC Database Record ID: 2983

Investigator: Mike Orr

Report Date: 1/1/2012

Damage Date: 5/22/2012 12:58:18 PM

Damage Address: W Co Rt 144

City: Bargersville

County: Johnson

The Parties

Excavator: **Reynolds, Inc.**

Contact: Tony Stalker

Address: 4520 N In Rt 37, Po Box 186, Orleans, In 47452

Telephone:

Facility Owner: Vectren

Contact: Darlene Kulhanek

Address: 1 N Main Street, Evansville, IN 47702

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: Reynolds, Inc.

UPPAC Database Record ID: 2983

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: False

Number of Customers Affected: 0

Injuries: 0

Fatalities: 0

Repair Cost (if known): \$800

Excavator Activities/Cause of damage information:

Excavator request locates: Yes Indiana 811 ticket Number: 1205102501

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Water

Synopsis: A natural gas service was damaged during excavation for a water line.

Findings: Reported by Indiana 811; excavator's response to initial notice was received on 8/17/2012. The excavator had a valid locate; however, the gas operator self-reported the maps and records were incorrect resulting in a failure to locate or providing incorrect locate markings,

Conclusion: There was a failure to provide locate markings for the facility damaged

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



INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 2983

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: Reynolds, Inc

Responsible Party Personal Name: Tony Stalker

Title (if any): Superintendent

Address (number and street): 4520 N SR 37

City, State and ZIP Code: Orleans, IN 47452

Preferred Telephone Number (area code): 812-865-3232

Cellular Telephone Number (area code): _____

Email Address: Tony.Stalker@layne.com

Facility Information:

Business Name: Vectren

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: USIC _____

Responsible Party Personal Name: _____

Title (if any): _____

Address (number and street): _____

City, State and ZIP Code: _____

Preferred Telephone Number (area code): 811 _____

Cellular Telephone Number (area code): _____

Email Address: _____

Cause of Damage Information

Type of Equipment (select one): Excavator

Type of Work Performed (select one): Waterline installation

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

Personal Contact: _____

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: _____

Utility Line Impact

Location of Damage:

Address (number and street): W Co Rt 144

City, State and ZIP Code: Bargersville, IN 46106

Nearest Intersection: Whitelaw Rd and CR 144

Product Type (select one): Gas

Facility Type (select one):

Size (Diameter/etc.): Service line to house

Pressure (PSIG/Inches): _____

Interruption in Service: Yes No Number of Customers Affected: 0

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

Locate Information

Excavator Request Locate: Yes No

Indiana 811 Locate Ticket Number: 1205102501

- 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 gas service line going to home that was set back and not visible from the road was not "marked". Locate Service did not know existing home had a service

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: 2983

Your Full Name: Tony Stalker

Full Name of Business / Entity (if applicable): Reynolds, Inc

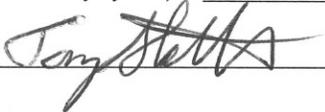
Your Business Title (if applicable): Superintendent

Address (number and street): 4520 N. SR 37

City: Orleans State: IN ZIP Code: 47452

Your E-mail Address: Tony.Stalker@layne.com

Today's Date (month, day, year): _____

Your Signature:  Title (if any) Superintendent

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 2983
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov



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: 5/22/2012

Event Location: W Co Rt 144, Bargersville

Facility Owner: Vectren

Excavator: Reynolds, Inc.

Other Party: N/A

Pipeline Division Case No. 2983

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: Reynolds, Inc.

Business address (*number and street*): 4520 N IN RT 37

City, State, and ZIP code: Orleans, IN 47452

Telephone number (*area code*): 812-865-3232

Fax number (*area code*): 812-865-1482

E-mail address: Unknown

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Water

Date and Location of Damage

Date of damage (*month, day, year*): 5-22-2012

County: Johnson

City: Greenwood

Street address (*number and street, city, state, and ZIP code*):
5533 W State Rd 144, Greenwood, 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? 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 \$ 800.46

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? Yes

Enter Indiana 811 ticket number, if known: 1205102501

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? 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? No

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: Abandoned facility

Additional Comments

1" plastic service severed by hoe. Abandon facility

Vectren Claim Number: _____

FDS 0016264

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

Police Report / MO #: _____

Date of Damage 5 / 22 / 12

Vectren Claims Camera:

Cost Center # 5835

FACILITIES DAMAGE REPORT

GAS

VE02158
4

Time Occurred 1:00 PM am / pm

Time Found 1:20 PM am / pm

Latitude 39.550725 Longitude: -86.208721

DAMAGE SITE:

Address 5533 W. ST. RD 144 Lot # _____

FACILITY TYPE:

- Distribution Propane
- Service Storage
- Transmission: (include supplemental report)

County Johnson City Greenwood State IN. Township White River

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
- Locate Applicable Yes No N/S
- Facilities Properly Marked Yes No N/S
- Marking Methods: Conventional Flags None Whiskers
- Offset Paint Stakes N/S
- 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

Observation by (ID#): 2740

Name of Locator: _____

LOCATING ORGANIZATION:

- Contract Locator
- Unknown / Other
- Utility Owner

NOTIFICATIONS AND OTHER DETAILS OF LOCATE:

Locate Ticket: 1205102501

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

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 _____

PROTECTION IN PLACE:

- Building Fence None
- Post Rail Vault N/A
- Other _____

DURATION OF ESCAPING GAS:

Minutes: 50

LEAK REPORT

NUMBER: 02906

EFV Activated Yes No N/S

FEED TYPE:

- One-Way Feed
- Two-Way Feed

Number of Customers Affected: 0
Total Hours Service Was Off: 0

SERVICE ORDER NUMBER: 5254252

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 Water

WORKING FOR:

- City County Developer
- State Property Owner
- Utility

MAY 29 2012

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: N/A
 # of Regular Hours; _____
 # of Overtime Hours; _____
 # of Regular Hours; _____
 Crew Type: _____

MATERIALS OR ROAD WORK:

- Meter was replaced N/A (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

<p>DAMAGING PARTY: Name: <u>Dayne</u> Address: <u>4520 N. ST. RD 37</u> City/ State/ Zip: <u>Orleans LA 70452</u> Phone: <u>(812) 865-3232</u> <u>Doug Shepherd</u> <u>5-22-12</u> Prepared / Investigated By: _____ Date: _____</p>	<p>PARTY TO INVOICE: Name: <u>None</u> Address: _____ City/ State/ Zip: _____ Phone: (____) _____ <u>[Signature]</u> <u>5-23-12</u> Reviewed by Field Supervisor: _____ Date: _____</p>
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This service line went to an abandoned house in the woods, there was no driveway and the house was impossible to see due to vegetation. The house was approx 800' off of the road. No one could have known that this service existed. Service will be scheduled for retirement.

Doug Shepherd
 5-22-12
Confirmed by Travis Hambaugh

Thursday, May 31, 2012

Service Order Status

Enter Service Order Number:

5254252

Go

Banner Instance: CS03PROD CS01PROD CS02PROD

Order Number: N5254252

Order Type: LEAK

Order Status: Completed

Customer: 600257858 - SKATRUJ CYNTHIA K
Prem: 5306680 - 5579 STATE ROAD 144

Technician: 3663 - McIntosh, Jim

Order Dates and Times

Need Date: 5/22/2012 1:14:00 PM
Time Created: 5/22/2012 12:54:46 PM
Time Dispatched: 5/22/2012 12:54:46 PM
Time In Route: 5/22/2012 1:16:09 PM
Time On-Site: 5/22/2012 1:18:52 PM
Tech Complete: 5/22/2012 2:31:21 PM
Time Closed: 5/22/2012 2:31:21 PM

Events Performed/Completion Code

LKOT - CMP

Meter Information

Current ReadStatus

Old Meter: 3963 Active
New Meter:

Completion Notes

cut 1" pl service to we think 5533 w state rd 144. crew to cap line and retire. 5579 was not involved 3663

Request Notes

BLOWING LINE PER TONY STALKER WITH REYNOLD INC. LOCATE# 1205102501 812-583-1522. LINE IS BLOWING.

MDSI Event Dates and Times

Event	Date/Time	User
AsnAssignmentManualAck_evt	5/22/2012 1:05:44 PM	McIntosh, Jim
AsnAssignmentEnRoute_evt	5/22/2012 1:05:49 PM	McIntosh, Jim
AsnAssignmentOnSite_evt	5/22/2012 1:06:06 PM	McIntosh, Jim
AsnAssignmentEnRoute_evt	5/22/2012 1:16:09 PM	McIntosh, Jim
AsnAssignmentOnSite_evt	5/22/2012 1:18:52 PM	McIntosh, Jim
OrdOrderComplete_evt	5/22/2012 2:31:21 PM	McIntosh, Jim

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

Ticket Portal Production

Ticket Text	Photos
<u>Ticket Text</u>	
<p>ID7131 02467 IUPPSa 05/10/2012 14:00:12 1205102501-00A NORM NEW GRID NORMAL NOTICE Ticket : 1205102501 Date: 05/10/2012 Time: 13:47 Oper: TONY.STALKER Chan:000 State: IN Cnty: JOHNSON Twp: WHITE RIVER Cityname: BARGERSVILLE Inside: N Near: Y Subdivision: Address : Street : W CO RT 144 Cross 1 : WHITELAND RD Within 1/4 mile: Y Location: LOCATE THE SOUTH SIDE OF CR 144 FROM WHITELAND RD GOING WEST 2500FT FROM THE ROAD LOCATE A 50FT PATH ALONG THE ROAD : Grids : 3932A8612D 3932A8612C 3933D8612C 3932A8612B 3933D8612B Boundary: n 39.552063 s 39.547123 w -86.211365 e -86.202766 Work type : INSTALLING A WATER LINE Done for : TOWN OF BARGERSVILLE Start date: 05/14/2012 Time: 14:15 Hours notice: 96/48 Priority: NORM Ug/Oh/Both: U Blasting: N Boring: N Railroad: N Emergency: N Duration : 2 WEEKS Depth: 6FT Company : REYNOLDS INC. Type: CONT Co addr : 4520 N IN RT 37 City : ORLEANS State: IN Zip: 47452 Caller : TONY STALKER Phone: (812)865-3232 Contact : TONY STALKER- CELL Phone: BestTime: Mobile : (812)583-1522 Fax : (812)865-1482 Email : TSTALKER@REYNOLDSINC.COM Remarks : All tickets are taken and processed on Eastern Daylight Time Will you be white-lining the dig site area? NO : Submitted date: 05/10/2012 Time: 13:47 Members: ID1293 ID2034 ID3734 ID4378 ID5866 ID7131 ID7288 ID9411 ID5857 ID6921 SM ----- Email_From: irth@iupps.org Email_Subject: IUPPS ID7131 2012/05/10 #02467 1205102501-00A NORM NEW Email_Recv_Date: 2012-05-10 13:00:12 CDT Email_Sent_Date: 2012-05-10 13:00:12 CDT Email_MessageID: <4fac022c.04612a0a.45fc.ffffd451SMTPIN_ADDED@mx.google.com> Email_host: imap.gmail.com Email_user: onecallin811@smptickets.com Email_To: onecallin811@smptickets.com Email_Contentype: TEXT/PLAIN</p>	