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: R L Johnson Llc

UPPAC Database Record ID: 3062

Investigator: William Boyd

Report Date: 08/13/2012

Damage Date: 06/07/2012

Damage Address: 325 S Alabama St

City: Indianapolis

County: Marion

The Parties

Excavator: **R L Johnson Llc**

Contact: Bob Johnson, Owner

Address: Po Box 152, Greencastle, Indiana 46135

Telephone: 317-557-1047

Facility Owner: Citizens Gas

Contact: Tony Chan

Address: 2150 Dr. Martin Luther King Jr. Street, Indianapolis, IN 46202

Pipeline Facility

Facility Type: Natural Gas

Facility Function: Service/Drop

Investigation regarding: R L Johnson Llc

UPPAC Database Record ID: 3062

Damage Impact

Product release: Yes

Ignition: No

Service Interruption: True

Number of Customers Affected: 1

Injuries: 0

Fatalities: 0

Repair Cost (if known): $0

Excavator Activities/Cause of damage information:

Excavator request locates: No Indiana 811 ticket Number:

Type of Equipment: Backhoe/Trackhoe

Type of work performed: Bldg. Construction

Synopsis: A two inch plastic gas main was damaged during excavation for a building footer.

Findings: Reported by Tony Chan; excavator's response to initial notice was received on 08/06/2012. Excavator failed to request that underground utilities be located prior to beginning work.

Conclusion: Excavator failed to provide notice of excavation.

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

NO

LOCATE

TICKET

PROVIDED

DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

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

Submitted to IURC-Pipeline Safety on: Jun 20, 2012

Who is submitting this information?

Name of person providing this information: Tony Chan (Citizens Gas)

Business address *(number and street)*: 2150 Dr. M.L. King Jr. St.

City, State, and ZIP code: Indianapolis, IN 46202

Telephone number *(area code)*: (317) 927-4619

Fax number *(area code)*: (317) 927-4619

E-mail address: AChan@CitizensEnergyGroup.com

Excavator Information, if known

Full name: BUCKINGHAM CONSTRUCTION

Business address *(number and street)*: 333 S DELAWARE ST

City, State, and ZIP code: Indianapolis, IN 46202

Telephone number *(area code)*: 317-502-1935

Fax number *(area code)*:

E-mail address:

Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Bldg. Construction

Date and Location of Damage

Date of damage (*month, day, year*): Jun 7, 2012

County: Marion

City: Indianapolis

Street address (*number and street, city, state, and ZIP code*):
325 S ALABAMA ST

Nearest intersection: SOUTH ST

Right of way where damage occurred: Private - Business

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*): 5

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate $0

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? 36

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: No locate requested

Was the locate request completed within two working days? No

If locates were performed, were they done so by a contractor or pipeline employee? Contractor

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? Unknown/Other

Type of markings used: Paint and Flags

If other, please specify: _____

Was site marked by "White Lining"? No

Were special instructions part of the locate request? No

Were maps used to complete the locate request? Yes

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? Yes

Description of Cause

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

Additional Comments

INFORMATION REQUEST
State Form 54909 (2-12)
INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3062 7.13.2012

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: RL Johnson LLC

Responsible Party Personal Name: Robert L. Johnson

Title (*if any*): Owner

Address (*number and street*): PO Box 152

City, State and ZIP Code: Greencastle, Indiana 46135

Preferred Telephone Number (area code): ~~[illegible]~~ 765-630-8145

Cellular Telephone Number (area code): 317.557-1047

Email Address: bob@rljohnsonllc.com

Facility Information:

Business Name: City Way (Buckingham Construction)

Responsible Party Personal Name: Michael J. Morrison (~~[illegible]~~)

Title (*if any*): Project Superintendent

Address (*number and street*): 325 S. Alabama St

City, State and ZIP Code: INDIANAPOLIS, IND 46204

Preferred Telephone Number (area code): 317-426-5573

Cellular Telephone Number (area code): 317-217-8117

Email Address: MICHAEL.MORRISON@BUCKINGHAM-CO.COM

Locator Service Information:

Business Name: _____

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: _____

Cause of Damage Information

Type of Equipment ***(select one)*****:** BACKHOE

Type of Work Performed ***(select one)*****:** FOOTING EXCAVATION

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*): 302 S ALABAMA ST

City, State and ZIP Code: INDIANAPOLIS, INDIANA 46204

Nearest Intersection: ALABAMA ST & SOUTH STREET

Product Type *(select one)*:

Facility Type *(select one)*:

Size (Diameter/etc.): _____

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: _____

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: 0

Number of Inpatient Treated: 0

Number of Fatalities: 0

Fire Department Response: ☐ Yes ☒ No

Police Department Response: ☐ Yes ☒ No

Ambulance Response: ☐ Yes ☒ No

Additional Information / Comments

RL JOHNSON LLC IS THE RESPONSIBLE CONTRACTOR
CONTRACTOR WAS DIRECTED TO CALL IN FOR
LOCATES. THEY FAILED TO CALL AS DIRECTED
ANY AND ALL COSE ASSOCIATED ARE THEIRS
TO BEAR

MJ MORRISON 212-8117

NARRATIVE STATEMENT

Your Pipeline Safety Division Case Number: _____

Your Full Name: MICHAEL J. MORRISON.

Full Name of Business / Entity (*if applicable*): BUCKNINGHAM CONSTRUCTION CORP.

Your Business Title (*if applicable*): PROJECT SUPERINTENDENT

Address (*number and street*): 325 S. ALABAMA ST (JOBSITE)

City: INDIANAPOLIS State: IN ZIP Code: 46204

Your E-mail Address: MICHAEL.MORRISON@BUCKINGHAM-CO.COM

Today's Date (*month, day, year*): AUGUST 6TH, 2012

Your Signature: _____ Title (*if any*) _____

Please return your Narrative Statement to:

Pipeline Safety Division – Case Number 3062 7.13.2012
Indiana Utility Regulatory Commission
101 West Washington Street, 1500E
Indianapolis, IN 46204

Or scan the statement and Email to:

PipelineDamageCase@urc.in.gov