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: CULY CONSTRUCTION & EXCAVATING, INC.

UPPAC Database Record ID: 3074

Investigator: Howard Friend

Telephone: (317) 650-9105

Report Date: 8/7/12

The Parties

Excavator: CULY CONSTRUCTION & EXCAVATING, INC.

Contact: Darin Yaney

Address (City, State): 5 Industrial Dt. Winchester, IN 47394

Telephone: 765-584-8509

Facility Owner Information:

Business Name: Citizens Gas

Contact: Tony Chan

Address (City, State): 2150 Dr. Martin Luther King Jr. Street, Indianapolis, IN 46202

Telephone: (317) 927-4619

Utility Line Impact:

Damage Date: 5/30/12

Damage Address: 5601 Haverford Ave.

City: Indianapolis

County: Marion

Pipeline Facility

Product Type: Natural Gas

Facility Type/Function: Service

Facility size: Unknown

Service Interruption: Yes

Number of Customers Affected: One

Repair Cost (if known): Unknown

Excavator Activities/Cause of damage information:

Type of Equipment: Backhoe

Type of work performed: Water

Product release: Yes

Ignition: No

Excavator notify 811: No

Locate Information:

Excavator request locates: Yes

Indiana 811 ticket Number: 1205182141

Incident Impact Information:

Injuries: None

Fatalities: None

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

Findings: The excavator had a valid locate request and accurate locate markings. The excavator reported they exposed a steel gas service and was digging around it when they damaged a plastic gas service. The steel line was a retired line.

Conclusion: There was a failure to plan excavation to avoid damage with underground facilities.

Violation: IC 8-1-26-20(b): Failure to plan excavation to avoid damage or interference with underground facilities.

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: CULY CONTRACTING

Business address *(number and street)*: 5 INDUSTRIAL DR

City, State, and ZIP code: WINCHESTER, IN 47394

Telephone number *(area code)*: 765-584-8509

Fax number *(area code)*:

E-mail address:

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*): May 30, 2012

County: Marion

City: Indianapolis

Street address (*number and street, city, state, and ZIP code*):
5601 HAVERFORD AVE

Nearest intersection: E 56TH ST

Right of way where damage occurred: Private 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? 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 $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? Yes

Enter Indiana 811 ticket number, if known: 1205182141

Was the locate request completed within two working days? Yes

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? Yes

Were facilities marked correctly? Yes

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? No

Description of Cause

Select from the list the most accurate cause for the damage: --Failure to maintain clearance

Additional Comments

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

RECEIVED
JUL 16 2012
CULY CONTRACTING

July 13, 2012

Culy Contracting
5 Industrial Dr
Winchester, In 47394

Subject:	Notice of Preliminary Determination of Violation, Pipeline Safety Division Case No. 3074
Date of Event:	5/30/2012
Event Location:	5601 Haverford Ave, Indianapolis, Marion County
Excavator:	Culy Contracting
Facility Owner:	Citizens Gas

To Whom It May Concern:

On behalf of the Indiana Utility Regulatory Commission ("IURC"), I am writing to inform you that information has been filed with our Pipeline Safety Division regarding an alleged violation of Indiana Code chapter 8-1-26, the Indiana Damage to Underground Facilities Act ("the Act"). You are receiving this letter because you have been identified as the Respondent Excavator.

The purpose of this Act is to promote excavation and pipeline safety and to reduce imminent danger to life, health, property, or loss of service associated with unsafe digging practices. Based upon the information received, the Pipeline Safety Division is commencing an investigation into the event concerning you or your business. 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.

Although the law was enacted in 1991, enforcement measures did not go into effect until July 2009. The IURC was tasked with completing a formal rulemaking on how to determine whether a violation occurred, as well as how the subsequent penalties should be determined. Due to the amount of time required for the rule to take effect and for the Underground Plant Protection Advisory Committee ("Advisory Committee") to be appointed and convened, you are now receiving this notification. Your case will be handled according to the recently approved administrative rule, 170 IAC 5-5, which can be found here: http://www.in.gov/legislative/iac/iac_title?iact=170.

The Pipeline Safety Division has preliminarily identified that one or more of the following statutory violation(s) may have occurred:

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

IC 8-1-26-16(h): Failure to perform required white lining.

IC 8-1-26-20(b): Failure to maintain two (2) feet clearance with mechanized equipment.

You have an opportunity to file documentation explaining what occurred. ***In order for this information to be considered, you must provide a written response to each allegation and written evidence (e.g., maps, photographs, narrative statements, or other evidence) within thirty (30) days of the date of this letter.*** The investigation will be completed after this time period, even if you do not respond or fail to provide additional

LOCATE FORM FOR IUPPS & OUPS

Indiana – 811 or 800-382-5544 Ohio – 800-362-2764

CONTRACTOR'S PHONE NUMBER: 765-584-8509 CONTRACTOR NAME: CULY CONTRACTING, INC.

CONTRACTOR ADDRESS: 5 INDUSTRIAL PARK DRIVE, PO BOX 29, WINCHESTER, IN 47394 FAX: 765-584-8060

CALLERS NAME Mark S. CALLERS PHONE NUMBER

NAME OF CONTRACTORS REP. ON SITE: Darin Yaley PHONE 765-546-0316

EMERGENCY LOCATE: YES or NO WHITE LINING THE AREA: YES or NO

BLASTING: YES OR NO BORING: YES OR NO RAILROAD NEAR SITE: YES OR NO

****START DATE/TIME: TO PROCESS REQUESTS MUST BE 3 WORKING DAYS BUT NOT MORE THAN 20 CALENDAR DAYS FROM TIME FAXED OR WRITE PROPER NOTICE IN THE START DATE FIELD & WE WILL CALCULATE THE START TIME FOR YOU ****

START DATE 5/23 TIME DURATION 2 weeks DEPTH 1' EQUIPMENT USED (OHIO)

WORK TYPE New Water Main Installation DONE FOR Citizen's Water

COUNTY Marion TOWNSHIP Washington

SUBDIVISION Yes LOT

ADDRESS STREET 56th St. & Haverford Ave

CROSS STREET WITHIN ¼ MILE Y OR N

SECOND CROSS STREET

CIRCLE ONE: IN OR NEAR CITY / TOWN OF: Indpls

LOCATION ON PROPERTY WHERE YOU WILL BE DIGGING:

Both Sides of Haverford Ave from 56th to 55th St.

UTILITIES NOTIFIED ATT, Brightlight, Citizens, IPL, DPW

DATE & TIME OF CALL 5/21 @ 3:00 LOCATE GOOD 5/23 @ 3:15 EXPIRES 6/10

ORIGINAL TICKET # 120-521-3257 RENEWAL DATE 6/6

TICKET RENEWALS

DATE NEW TICKET # EXPIRES RENEWAL DATE

DATE NEW TICKET # EXPIRES RENEWAL DATE

DATE NEW TICKET # EXPIRES RENEWAL DATE

DATE NEW TICKET # EXPIRES RENEWAL DATE

LOCATE FORM FOR IUPPS & OUPS

Indiana – 811 or 800-382-5544 Ohio – 800-362-2764

CONTRACTOR'S PHONE NUMBER: 765-584-8509 CONTRACTOR NAME: CULY CONTRACTING, INC.

CONTRACTOR ADDRESS: 5 INDUSTRIAL PARK DRIVE, PO BOX 29, WINCHESTER, IN 47394 FAX: 765-584-8060

CALLERS NAME Mark S. CALLERS PHONE NUMBER

NAME OF CONTRACTORS REP. ON SITE: Darin Yaney PHONE 765-546-0316

EMERGENCY LOCATE: YES or NO WHITE LINING THE AREA: YES or NO

BLASTING: YES OR NO BORING: YES OR NO RAILROAD NEAR SITE: YES OR NO

****START DATE/TIME: TO PROCESS REQUESTS MUST BE 3 WORKING DAYS BUT NOT MORE THAN 20 CALENDAR DAYS FROM TIME FAXED OR WRITE PROPER NOTICE IN THE START DATE FIELD & WE WILL CALCULATE THE START TIME FOR YOU ****

START DATE 5/23 TIME DURATION 2 weeks DEPTH 9' EQUIPMENT USED (OHIO)

WORK TYPE New Water Main Installation DONE FOR Citizen's Water

COUNTY Marion TOWNSHIP Washington

SUBDIVISION Yes LOT

ADDRESS STREET Intersection N. Haverford Ave & E. 56th St.

CROSS STREET WITHIN ¼ MILE Y OR N

SECOND CROSS STREET

CIRCLE ONE: IN OR NEAR CITY / TOWN OF: Indpls

LOCATION ON PROPERTY WHERE YOU WILL BE DIGGING:

Entire Intersection Radius of 200'

UTILITIES NOTIFIED ATT, BrightHouse, Citizens, IPL, DPW

DATE & TIME OF CALL 5/18 LOCATE GOOD 5/22 1:45pm EXPIRES 6/7

ORIGINAL TICKET # 120-518-2141 RENEWAL DATE 6/5

TICKET RENEWALS

DATE NEW TICKET # EXPIRES RENEWAL DATE

DATE NEW TICKET # EXPIRES RENEWAL DATE

DATE NEW TICKET # EXPIRES RENEWAL DATE

DATE NEW TICKET # EXPIRES RENEWAL DATE

UNDERGROUND UTILITY ACCIDENT REPORT

Company Name Luly Contracting Address 5 Industrial Dr. (Main Office) Winchester, IN 47394	Job Name Citizen Water Address Haverford Ave
Crew Members Names Supervisor: Darin Yancy Workers Kevin Cox David Rush Rick Hughes Travis Winchester	Name of Other Witnesses (include phone#, address or employer's name, if possible)

Description of Job

New Water Main

Were Utility Lines marked? Yes ✓ No _____ Name/Phone# of Locator Service: USIC

Locate Ticket

Locator Log # (Confirmation #) 120-518-2141 Date Marked: 5/22 By Whom: _____

Date of Accident 5-29-17 Time of Accident

Accident Description (Describe How the Accident Occurred)

found steel gas service and was digging around it and cut a plastic gas service line

Describe Damaged Property

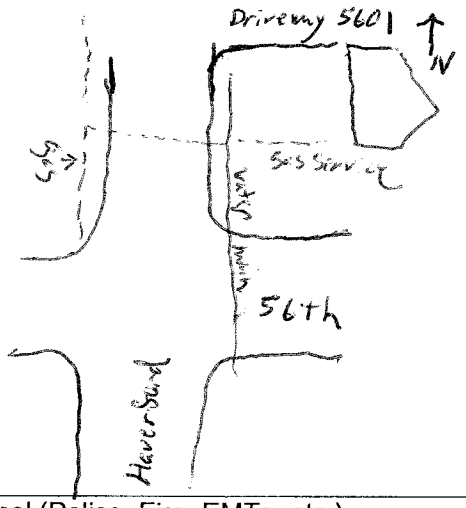
cut gas service

List Owner of Damaged Property

Name Citizens Gas Address: House # 5601 Haverford Phone # _____

Sketch of Job Where Accident Occurred

- Show Trench
- Point of Damage (approx.)
- Location & Depth of Utility Line
- Where were Marked & Unmarked
- Identify Location of Photos
- Show Direction of North



(Sketch)

Pictures were taken of trench

found steel gas line and thought that was the only service line there

Depth was 30"

List Names of Emergency Response Personnel (Police, Fire, EMTs, etc.)

Names: _____ Badge# _____

Name of Person Completing This Report: (Print Name) _____ (Signature) _____	Name of Photographer (If Video or Photo(s) were taken) (Print Name) _____	When was Report Completed (Date) _____ (Time) _____