



## Pipeline Safety Division Investigation Report

### Investigation regarding: **Brackney Inc.**

UPPAC Database Record ID: 3251

Investigator: Howard Friend

Telephone: (317) 650-9105

Report Date: 7/27/12

### The Parties

Excavator: **Brackney Inc.**

Contact: Doug Burns, Superintendent

Address (City, State): 10025 US 52, Brookville, IN 47012

Telephone: (765) 647-6551

### Facility Owner Information:

Business Name: Valley Rural Gas

Contact: Doug Gray

Address (City, State): 19435 Alpine Dr., Lawrenceburg, IN

Telephone:

### Utility Line Impact:

Damage Date: 5/1/12

Damage Address: 711 Hickory Road

City: Lawrenceburg

County: Dearborn

**Pipeline Facility**

Product Type: Natural Gas

Facility Type/Function: Service

Facility size: 1”

Service Interruption: Yes

Number of Customers 1

Repair Cost (if known): \$300.00

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

Type of Equipment: Backhoe

Type of work performed: Sewer

Product release: Yes

Ignition: No

Excavator notify 811: Yes

**Locate Information:**

Excavator request locates: Yes

Indiana 811 ticket Number: 1204250094

**Incident Impact Information:**

Injuries: None

Fatalities: None

**Synopsis: A 1” plastic natural gas service was damaged during excavation for a sewer line.**

**Findings: The excavator had a valid locate request, and the locating contractor had exposed the facility for the excavator.**

**Conclusion: The excavator failed to maintain two (2) feet of clearance between the underground facility and mechanized equipment.**

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

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: May 11, 2012

---

### Who is submitting this information?

Name of person providing this information: Douglas Gray

Business address (*number and street*): 4200 Holiday St., Suite 201

City, State, and ZIP code: Canton, Ohio 44718

Telephone number (*area code*): 330-498-9137 ext 320

Fax number (*area code*): 330-498-9137

E-mail address: dgray@utilitypipelineltd.com

---

### Excavator Information, if known

Full name: Brackney Inc.

Business address (*number and street*): 10025 US 52

City, State, and ZIP code: Brookville, IN 47012

Telephone number (*area code*): 765-647-6551

Fax number (*area code*): 765-647-5521

E-mail address: \_\_\_\_\_

---

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

---

**Date and Location of Damage**Date of damage (*month, day, year*): May 1, 2012County: DearbornCity: LawarenceburgStreet address (*number and street, city, state, and ZIP code*):  
711 Hickory Rd., , Hidden Valley Lake

Nearest intersection: \_\_\_\_\_

Right of way where damage occurred: Public - City StreetWas there a release of product? YesIf yes, was there an ignition of product? NoWere evacuations necessary as a result of release? No

If yes, how many evacuated? \_\_\_\_\_

Was there a customer service interruption? YesIf yes, how many affected? 1Time to restore service (*in hours*): 2

Enter number of injuries, if applicable and known: \_\_\_\_\_

Enter number of fatalities, if applicable and known: \_\_\_\_\_

Property damage, Estimate \$ 300

---

**Affected Facility Information**What type of pipeline was damaged? Natural GasWhat was the affected facility? DistributionWhat was the depth of the facility, in inches? 18

---

**Notification, Locating, Marking**Did excavator request locates prior to commencing work? YesEnter Indiana 811 ticket number, if known: 12042550094

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: Probst Excavating

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? No

Were pipeline company representatives on site during excavation? Yes

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? Unknown/Other

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: --Failure to maintain clearance

---

### Additional Comments

Backney Inc is replacing the entire sewer system in Hidden Valley Lake. They are under a contract with the Valley Rural Utility Company, Water Company.

1" Customer service line had been exposed by hand digging by the locator. Contractor hit line with excavator.



## DAMAGE INFORMATION REPORT – PIPELINE SAFETY DIVISION

State Form 54122 (R2 / 7-11)

INDIANA UTILITY REGULATORY COMMISSION

Submitted to IURC-Pipeline Safety on: May 11, 2012

---

### Who is submitting this information?

Name of person providing this information: Douglas Gray (Valley Rural Gas)

Business address (*number and street*): 4200 Holiday St., Suite 201

City, State, and ZIP code: Canton, Ohio 44718

Telephone number (*area code*): 330-498-9137 ext 320

Fax number (*area code*): 330-498-9137

E-mail address: dgray@utilitypipelineltd.com

---

### Excavator Information, if known

Full name: Brackney Inc.

Business address (*number and street*): 10025 US 52

City, State, and ZIP code: Brookville, IN 47012

Telephone number (*area code*): 765-647-6551

Fax number (*area code*): 765-647-5521

E-mail address: \_\_\_\_\_

---

### Excavation or Demolition Information

Excavator type: Contractor

Excavation or demolition equipment: Backhoe/Trackhoe

Type of work performed: Sewer (Sanitary/Storm)

---

## Date and Location of Damage

Date of damage (*month, day, year*): May 1, 2012

County: Dearborn

City: Lawrenceburg

Street address (*number and street, city, state, and ZIP code*):  
711 Hickory Rd., Hidden Valley Lake

Nearest intersection: \_\_\_\_\_

Right of way where damage occurred: Public - City Street

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? \_\_\_\_\_

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (*in hours*): 2

Enter number of injuries, if applicable and known: \_\_\_\_\_

Enter number of fatalities, if applicable and known: \_\_\_\_\_

Property damage, Estimate \$ 300

---

## 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? 18

---

## Notification, Locating, Marking

Did excavator request locates prior to commencing work? Yes

Enter Indiana 811 ticket number, if known: 1204250094

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: Probst Excavating

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? No

Were pipeline company representatives on site during excavation? Yes

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? Unknown/Other

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: --Failure to maintain clearance

---

### **Additional Comments**

Backney Inc is replacing the entire sewer system in Hidden Valley Lake. They are under a contract with the Valley Rural Utility Company, Water Company.

1" Customer service line had been exposed by hand digging by the locator. Contractor hit line with excavator.



## INFORMATION REQUEST

State Form 54909 (2-12)

INDIANA UTILITY REGULATORY COMMISSION – PIPELINE SAFETY DIVISION

Case Number: 3251

---

*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: BRACKNEY INC.

Responsible Party Personal Name: DOUG BRUNS

Title (if any): \_\_\_\_\_

Address (number and street): P.O. BOX 221

City, State and ZIP Code: BROOKVILLE IN. 4712

Preferred Telephone Number (area code): 765-647-6551

Cellular Telephone Number (area code): 765-265-2387

Email Address: DBRUNS@BRACKNEYINC.COM

#### Facility Information:

Business Name: VALLEY RURAL UTILITY

Responsible Party Personal Name: FLOYD OGDEN

Title (if any): \_\_\_\_\_

Address (number and street): 19435 ALPINE DRIVE

City, State and ZIP Code: LAWERENCEBURG IN. 47025

Preferred Telephone Number (area code): 812-539-3330

Cellular Telephone Number (area code): \_\_\_\_\_

Email Address: VRUC@INDRCOM.ORG

**Locator Service Information:**

Business Name: PROBST EXCAVATING

Responsible Party Personal Name: TIM PROBST

Title (*if any*): \_\_\_\_\_

Address (*number and street*): \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

Preferred Telephone Number (area code): 812-926-2540

Cellular Telephone Number (area code): 812-221-0712

Email Address: \_\_\_\_\_

---

**Cause of Damage Information**

**Type of Equipment (*select one*):** Backhoe/Trackhoe

**Type of Work Performed (*select one*):** Sewer (Sanitary/Storm)

**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*): 711 HICKORY RD \_\_\_\_\_

City, State and ZIP Code: LAWERCENCEBURG IN.47025 \_\_\_\_\_

Nearest Intersection: GREENTREE RD \_\_\_\_\_

**Product Type (*select one*):** Natural Gas

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

**Size (Diameter/etc.):** <sup>3/4</sup> \_\_\_\_\_

**Pressure (PSIG/Inches):** <sup>?</sup> \_\_\_\_\_

**Interruption in Service:**  Yes  No **Number of Customers Affected:** <sup>1</sup> \_\_\_\_\_

**Evacuation:**  Yes  No **If yes, How Many Evacuated?** \_\_\_\_\_

**Repair Cost (if known):** \$ <sup>300</sup> \_\_\_\_\_

**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:** 1204250094 \_\_\_\_\_

**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:** <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

---

**Additional Information / Comments**

**NARRATIVE STATEMENT**

Your Pipeline Safety Division Case Number: 3251

Your Full Name: DOUG BRUNS

Full Name of Business / Entity (if applicable): BRACKNEY INC.

Your Business Title (if applicable): SUPERINTENDENT

Address (number and street): P.O. BOX 221

City: BROOKVILLE State: IN. ZIP Code: 47012

Your E-mail Address: DBRUNS@BRACKNEYINC.COM

Today's Date (month, day, year): 7-20-12

Your Signature: \_\_\_\_\_ Title (if any) \_\_\_\_\_

Please return your Narrative Statement to:

**Pipeline Safety Division – Case Number 3251**  
**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)