

COMMONWEALTH OF KENTUCKY  
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

CARROLLTON UTILITIES	)	
_____	)	
ALLEGED FAILURE TO COMPLY WITH	)	CASE NO. 2015-00178
49 CFR § 191.9(a)	)	

ORDER

Carrollton Utilities (“Carrollton”) is a municipal gas operator of a distribution pipeline system in the city of Carrollton, Kentucky. Pursuant to KRS 278.495 and 49 U.S.C. § 60105, the Commission has jurisdiction to regulate safety standards of intrastate pipeline facilities including gas facilities “owned or operated by any public utility, county, or city.”

On May 27, 2014, a house to which Carrollton provided gas service exploded in Carrollton, Kentucky. The resulting fire destroyed the residence from which it originated. No injuries resulted from the explosion. The city of Carrollton Fire Department was unable to ascertain the explosion’s cause; however, the fire department determined that the explosion originated in the house’s basement. As noted in Commission Staff’s Incident Investigation Report (“Investigation Report”)<sup>1</sup> the distribution system line serving the residence had a Maximum Allowable Operating Pressure of 60 pounds per square inch gauge (“psig”). However, at the time of the incident the distribution system line was operating below the maximum at approximately

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<sup>1</sup> Attached as the Appendix.

35 psig. Because they were destroyed in the incident, the gas meter and service regulator could not be examined.

49 CFR § 191.9(a) provides that “[e]xcept as provided in paragraph (c) of this section, each operator of a distribution pipeline system shall submit Department of Transportation Form RSPA F 7100.1 as soon as practicable but not more than 30 days after detection of an incident required to be reported under § 191.5.”

49 CFR § 191.5 states that “[a]t the earliest practicable moment following discovery, each operator shall give notice in accordance with paragraph (b) of this section of each incident as defined in § 191.3.”

49 CFR § 191.3 defines an incident, in part, as one involving:

(ii) Estimated property damage of \$50,000 or more, including loss to the operator and others, or both, but excluding cost of gas lost;

...

(3) An event that is significant in the judgment of the operator, even though it did not meet the criteria of paragraphs (1) or (2) of this definition.

The city of Carrollton Fire Department report estimated the losses from this incident as \$150,000 in property damage and \$70,000 in contents. Due to both the dollar value of the losses incurred in this incident as well as the significant nature of the event, the explosion was reportable pursuant to 49 CFR § 191.9(a). Carrollton Utilities was therefore required to submit the requisite report within 30 days, which ran through June 26, 2014. However, Carrollton Utilities did not submit the report until over 60 days later, on July 28, 2014. Accordingly, the Commission finds that prima facie evidence exists that Carrollton has failed to comply with 49 CFR § 191.9(a), through failing to submit the requisite report within 30 days.

We therefore find that a formal investigation into the incident that is the subject matter of the Investigation Report is necessary. This investigation will determine whether Carrollton violated 49 CFR § 191.9(a), and, if it did, whether any reason exists why penalties should not be assessed under KRS 278.992.

The Commission, on its own motion, HEREBY ORDERS that:

1. Carrollton shall submit to the Commission, within 20 days of the date of this Order, a written response to the allegations contained in the Investigation Report and the alleged regulatory violation as set forth in the findings above.

2. Carrollton shall appear on September 15, 2015, at 10:00 a.m., Eastern Daylight Time, in Hearing Room 1 of the Commission's offices at 211 Sower Boulevard in Frankfort, Kentucky, for the purpose of presenting evidence concerning the alleged violation of 49 CFR § 191.9(a), and showing cause why it should not be subject to the penalties prescribed in KRS 278.992(1) for the alleged violation.

3. The September 15, 2015 hearing shall be recorded by videotape only.

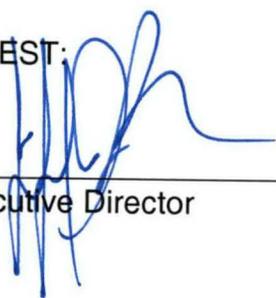
4. The Investigation Report in the Appendix to this Order is made a part of the record in this case.

5. Any requests for an informal conference with Commission Staff shall be set forth in writing and filed with the Commission within 20 days of the date of this Order.

By the Commission

ENTERED  
JUN 15 2015  
KENTUCKY PUBLIC  
SERVICE COMMISSION

ATTEST:

  
\_\_\_\_\_  
Executive Director

Case No. 2015-00178

APPENDIX

APPENDIX TO AN ORDER OF THE KENTUCKY PUBLIC SERVICE  
COMMISSION IN CASE NO. 2015-00178 DATED **JUN 15 2015**



# Kentucky Public Service Commission

## Engineering-Gas Pipeline Safety Branch Incident Report

**Utility/Operator:** City of Carrollton Gas District System  
PHMSA Operator ID: 2116  
225 6<sup>th</sup> Street  
Carrollton, KY 41008

**Utility/Operator Type:** Municipal Gas Operator

**Reported By:** Tim Pearson, Safety Officer / Compliance

**Incident Occurred:** Approximately 14:00 PM (ET), May 27, 2014

**Gas Operator Notified:** Approximately 14:05 PM (ET), May 27, 2014

**PSC Notified:** Approximately 15:00 PM (ET), May 27, 2014, by phone call to the KYPSC office

**30 Day Report Received:** July 28, 2014 (PHMSA Original Report Date)

**PSC On-Site Investigation:** May 28, 2014

### **Incident Description:**

This incident occurred at 1104 11<sup>th</sup> Street in Carrollton, Carroll County, Kentucky, at approximately 14:00 hours (Eastern Time) on May 27, 2014. An explosion occurred initially subsequently followed by a fire which destroyed the residence. There were no injuries to occupants of the home that required inpatient hospitalization. (See Attachment B.)

### **Response to Incident:**

#### **Carrollton Utilities**

Carrollton Utilities personnel arrived on scene at approximately 14:15 hours. Carrollton fire incident commander Mike Terrell requested that the gas service be shut off to the residence. The area immediately around the meter set assembly was engulfed by the structure fire denying access to the meter valve. Utility personnel then went approximately 15 feet prior to the meter set assembly and excavated a hole and squeezed the flow of gas off there.

Utility personnel then conducted a gas leakage survey of the area around the incident site to determine if any gas leakage was present. No gas leaks were detected.

Refer to Attachment B.

### **Incident Investigation:**

Gas Pipeline Safety Branch staff ("Staff"), Joel Grugin and Bill Aitken, arrived at the incident scene on May 28 at approximately 08:15 hours.

Pipeline pressure charts, produced by the operator, were reviewed by Staff and the charts indicated that, at the time of the incident, the operating pressure of the distribution system was approximately 35 psig, below the system Maximum Allowable Operating Pressure ("MAOP") of 60 psig. The PHMSA Incident report showed that the MAOP of the system was 90 psig, this is incorrect, 60 psig is the correct MAOP, 90 was entered in error. Tim Pearson confirmed this by phone.

Records of weekly odor tests conducted by the operator prior to the incident and subsequent tests conducted by the operator immediately after the incident were reviewed by Staff and indicated that the gas was odorized to sufficient levels meeting requirements of 49 CFR 192.625.

Examination of the gas meter and service regulator could not be performed by Staff due to the fact that they were destroyed as a result of the incident.

Operator personnel disconnected the service line at the gas main so that a pressure drop test could be applied from that point to the meter valve. The above ground portion of the service line riser and meter valve had apparently been subjected to extreme heat for a period of time during the fire. The Regulator had partially melted, therefore, operator personnel removed it and installed a plug on the outlet side of the valve. The first pressure drop test showed a small leak. Operator personnel determined the plastic pipe inside the metal riser assembly melted due to the heat exposure to the riser assembly during the fire. (The leakage was found by the operator personnel in the riser assembly, which was located outside the structure and above ground)

The riser assembly was then dug up and cut out by the operator personnel; a cap was then installed on the service line just prior to the riser where the service line had not been exposed to extreme heat. A second pressure test was performed by the operator personnel and no leakage was found.

### Findings:

The Carrollton fire department report, see Attachment A, stated that the cause was undetermined due to the structure not being safe to enter. The Carrollton fire department report also stated that a bulge in the floor of the structure indicated that the origin of the explosion occurred in the basement. Staff contacted fire chief Terrell by phone a few weeks after the incident and he revealed that the insurance company holding the policy on the structure had decided not to perform any further investigation of this incident. The house has since been demolished and construction began on a new one

Staff found that the operator failed to submit Department of Transportation Form RSPA F 7100.1: Incident Report Form within 30 days after its detection of the incident per pipeline safety regulation 49 CFR 191.9(a). Staff found no other probable violations of Federal pipeline safety regulations.

### Attachments:

- A. Carrollton fire department report.
- B. PHMSA Incident Report – Gas Distribution System

<u>Investigated By:</u>	<u>Name:</u>	<u>Agency/Title:</u>
	Joel Grugin	KPSC / Investigator III
	Bill Aitken	KPSC/ Investigator IV

Signed:   
Signed: 

Date: 3/9/15  
Date: 3/9/15

**Attachment A**

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**Carrollton Fire Department Report**

**A** 21099 KY 05/27/2014 1400042 1 **NFIRS-1 Basic**

FDD State Incident Date Station Incident Number Exposure

**B Location**

1 - Street 1104 11th Street

Address Type Number/Postal Prefix Street or Highway Street Type Suffix

Carrollton KY 41008

Apt./Suite/Room City State Zip Code

Winslow

Census Tract Cross street or directions, as applicable

**C Incident Type** 111 - Building fires

Incident Type

**D Aid Given or Received**

Their FDD Their State Their Incident Number

1 - Mutual aid received

Type Aid Given or Received

**E1 Dates & Times** Midnight to 0000

Month Day Year Hour Min Seconds

Alarm 05/27/2014 14:08:54

Arrival 05/27/2014 14:12:20

Controlled 05/27/2014 16:54:32

Last Unit Cleared 05/27/2014 19:22:02

**E2 Shifts & Alarms** Local Option

Shift or Station Alarm District

**E3 Special Studies** Local Option

Special Study ID# Special Study Value

**F Actions Taken**

81 - Incident command  
41 - Identify, analyze hazardous materials  
11 - Extinguish

Actions Taken

**G1 Resources**

Check this box and skip this section if an Apparatus or Personnel form is used

Apparatus Personnel

Suppression 3 15

EMS 0 0

Other 2 4

Check box if resource counts include aid received resources

**G2 Estimated Dollar Losses & Values**

LOSSES Required for all loss items. Optional non loss.

Property \$ 150000

Contents \$ 70000

PRE-INCIDENT VALUE. Optional

Property \$ 150000

Contents \$ 70000

**H1 Casualties**

Deaths Injuries

Fire Service 0 0

Civilian 0 0

**H2 Detector** U - Unknown

**H3 Hazardous Materials Release** 1 - Natural gas; slow leak, no evac.

**I Mixed Use Property**

**J Property Use** 419 - 1 or 2 family dwelling

**K1 Person/Entity Involved**

Travis Noble

Mr., Ms., Mrs First Name MI Last Name Suffix

1104 11th Street

Number Prefix Street or Highway Street Type Suffix

Carrollton

Post Office Box Apt./Suite/Room City

KY 41008

State Zip Code (Business name if applicable) Area Code Phone Number

**K2 Owner**

Travis Noble

Mr., Ms., Mrs First Name MI Last Name Suffix

1104 11th Street

Number Prefix Street or Highway Street Type Suffix

Carrollton

Post Office Box Apt./Suite/Room City

KY 41008

State Zip Code (Business name if applicable) Area Code Phone Number

**A** 21099 KY 05/27/2014 1400042 1 **NFIRS - 2**  
 FDD State Incident Date Station Incident Number Exposure **Fire**

**B Property Details**

**B1** 1 N Not Residential  
 Estimated number of residential living units in building of origin

**B2** 0  
 Number of buildings involved

**B3** \_\_\_\_\_  
 Acres burned (outside fires)

**C On-Site Materials or Products**

On-site materials: UUU - Undetermined

On-site materials use: N - None

**D Ignition**

**D1** 62 - Heating room or area, w  
 Area of fire origin

**D2** UU - Undetermined  
 Heat source

**D3** UU - Undetermined  
 Item first ignited

**D4** UU - Undetermined  
 Type of material first ignited

Confined to object of origin: \_\_\_\_\_

**E1 Cause of Ignition**

0 - Cause, other (convection and)  
 Cause of ignition

**E2 Factors Contributing To Ignition**

71 - Exposure fire  
 Factors contributing to ignition

**E3 Human Factors Contributing To Ignition**

Estimated age of person involved: \_\_\_\_\_

Gender of person involved: \_\_\_\_\_

**F1 Equipment Involved In Ignition**

NNN - None  
 Equipment involved

Brand: \_\_\_\_\_

Model: \_\_\_\_\_

Serial #: \_\_\_\_\_

Year: \_\_\_\_\_

**F2 Equipment Power**

Equipment power source: \_\_\_\_\_

**F3 Equipment Portability**

Equipment portability: \_\_\_\_\_

**G Fire Suppression Factors**

112 - Roof collapse  
341 - Natural or other lighter than air gas present  
131 - Wall collapse  
 Fire suppression factors

**H1 Mobile Property Involved**

N - None  
 Mobile property involved

Mobile property model: \_\_\_\_\_

License plate number: \_\_\_\_\_

**H2 Mobile Property Type & Make**

Mobile property type: \_\_\_\_\_

Mobile property make: \_\_\_\_\_

Year: \_\_\_\_\_

State: \_\_\_\_\_

VIN number: \_\_\_\_\_

**Local Use**

\_\_\_\_\_

A	FD#	State	MM	DD	YYYY	Station	Incident Number	Exposure	NFIRS-3 Structure Fire
	21099	KY	05	27	2014		1400042	1	

11 Structure Type Structure type	13 Building Height Total number of stories at or above grade	14 Main Floor Size Total square feet
1 - Enclosed building	1	1500
12 Building Status Building status	Total number of stories below grade	OR
2 - In normal use	1	Length in feet BY Width in feet

J1 Fire Origin Story of fire origin	J3 Number of Stories Damaged By Flame Number of stories w/ minor damage (1 to 24% flame damage) Number of stories w/ significant damage (25 to 49% flame damage) Number of stories w/ heavy damage (50 to 74% flame damage) Number of stories w/ extreme damage (75 to 100% flame damage)	K Material Contributing Most To Flame Spread K1 Item contributing most to flame spread K2 Type of material contributing most to flame spread
J2 Fire Spread Fire spread	2	0
2	0	64 - Flammable liquid/gas in c
4 - Confined to buil	2	11 - Natural gas

L1 Presence of Detectors Presence of detectors	L3 Detector Power Supply Detector power supply	L5 Detector Effectiveness Detector effectiveness
L2 Detector Type Detector type	L4 Detector Operation Detector operation	L6 Detector Failure Reason Detector failure reason
1 - Detectors Present	1 - Battery Only	
1 - Smoke	U - Undetermined	

M1 Presence of Automatic Extinguishment System Presence of automatic extinguishment system (AES)	M3 Automatic Extinguishment System Operation Automatic extinguishment system operation	M5 Automatic Extinguishment System Failure Reason Automatic extinguishment system failure reason
M2 Type of Automatic Extinguishment System Type of automatic extinguishment system	M4 Number of Sprinkler Heads Operating Number of sprinkler heads operating	
N - None Present		

A	FD #	State	MM	DD	YYYY	Station	Incident Number	Exposure	NFIRS Remarks
	21099	KY	05	27	2014		1400042	1	

Remarks

CFD was Dispatched to 1104 11th Street in Carrollton, Ky. in reference to house collapse/explosion and fire. A Carroll County EMS crew was returning from a transport and witnessed the explosion and notified dispatch. Upon arrival of unit 200 the entire northern half of the house was leveled, fire was blowing out back (west) or C side of the home you could hear the natural gas flowing but could not access the meter and valve due to the heat and fire coming from the basement of the home. The home owner advised everyone was out at this time. E-205 caught the hydrant as they arrived on scene and laid a 5" supply line and began deploying attack lines. Unit 250 requested Carrollton Utilities to assist in shutting off the gas feed. Heavy black smoke was filling the entire scene at this time. First attack line was to the gas meter area in the back of the house. the second line was to the home on the D side to protect that exposure. 3" supply lines and ground monitors were set up on both sides of the structure and a 2 1/2" handline was established at the front of the house. All units were advised to use care and until the gas feed was shut down. Unit 250 requested Kentucky Utilities to assist in shutting down electrical lines coming to the scene. He also requested Ghent Fire Protection Dist. for assistance in fire control and manpower. Advised to have them come in from Tilley Dr. and access the C side of the structure. Once the gas was shut off 250 requested dispatch to contact the State Fire Marshalls Office to send a representative to this scene. R. Allen arrived shortly after we had the scene under control and we began trying to put out the hot spots and determine the cause of the fire and explosion. Utilities assisted with their backhoe in removing debris and exposing the floor which showed a bulge in the center and the corners indicating the origin was in the basement. The structure is too unstable to make entry into the basement at this time and conduct a thorough investigation. We questioned the home owner as to what he saw, heard, etc. just before the incident and as to what was in the basement of the home. He advised the furnace, hot water heater, and a fire place in the basement were all supplied by natural gas. He also stated he had been working on his water softener in the basement earlier in the day and had shut off the city water supply to the house and bleed off the pressure in preparation of making repairs. When asked, he advised that he didn't smell any odors or notice any other problems prior to the incident. His mother, who was sitting on the front porch at the time of the explosion stated that she did not smell or notice anything unusual prior to this either. The cause of this is still undetermined due to structure not being safe to enter the basement and check these sources. CFD will work with the insurance company and their investigators and determine if they want start to demo the home, to the point of making it safe enough to enter and determine the actual point of origin and the actual cause. There is no suspicion of any illegal acts or improper storage of materials contributing to this incident at this time.

Also the home to the North (D Side of Fire Structure) received minor damage to some of its vinyl siding and craked a couple of windows due to the heat exposure but it did not receive any fire damage. The Clark's who own the other house were not at home at the time of this incident.

M Authorization

250	Michael Terrell	Chief	Command	05/28/2014
<small>Officer in charge ID</small>	<small>Signature</small>	<small>Position or rank</small>	<small>Assignment</small>	<small>Month Day Year</small>
250	Michael Terrell	Chief	Command	05/28/2014
<small>Member making report ID</small>	<small>Signature</small>	<small>Position or rank</small>	<small>Assignment</small>	<small>Month Day Year</small>

**Attachment B**

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**PHMSA Incident Report – Gas Distribution System**

NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed 100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0522  
EXPIRATION DATE: 02/28/2014

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	Original Report Date:	07/28/2014
	No.	20140080-15899
		(DOT Use Only)

**INCIDENT REPORT - GAS DISTRIBUTION SYSTEM**

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. Public reporting for this collection of information is estimated to average approximately 10 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590

**INSTRUCTIONS**  
*Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <http://www.phmsa.dot.gov/pipeline>*

**PART A - KEY REPORT INFORMATION**

Report Type: (select all that apply)	Original:	Supplemental:	Final:
	Yes		
Last Revision Date			
1. Operator's OPS-Issued Operator Identification Number (OPID):	2118		
2. Name of Operator	CARROLLTON GAS DISTRICT SYSTEM, CITY OF		
3. Address of Operator:			
3a. Street Address	225 5TH STREET		
3b. City	CARROLLTON		
3c. State	Kentucky		
3d. Zip Code	41008		
4. Local time (24-hr clock) and date of the incident:	05/27/2014 14:00		
5. Location of incident:			
5a. Street Address or location description	1104 11th Street		
5b. City	Carrollton		
5c. County or Parish	Carroll		
5d. State:	Kentucky		
5e. Zip Code:	41008		
5f. Latitude:	38.8808958		
Longitude:	-85.1793979		
6. National Response Center Report Number:			
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:			
8. Incident resulted from:	Unintentional release of gas		
9. Gas released:	Natural Gas		
	- Other Gas Released Name:		
10. Estimated volume of gas released - Thousand Cubic Feet (MCF):	13.00		
11. Were there fatalities?	No		
- If Yes, specify the number in each category:			
11a. Operator employees			
11b. Contractor employees working for the Operator			
11c. Non-Operator emergency responders			
11d. Workers working on the right-of-way, but NOT associated with this Operator			
11e. General public			
11f. Total fatalities (sum of above)			
12. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
12a. Operator employees			
12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders			
12d. Workers working on the right-of-way, but NOT associated with this Operator			
12e. General public			
12f. Total injuries (sum of above)			
13. Was the pipeline facility shut down due to the incident?	No		
- If No, Explain:	3/4" plastic service line was squeezed off initially and abandoned		

- If Yes, complete Questions 13a and 13b: (use local time, 24-hr clock)	this morning.
13a. Local time and date of shutdown:	
13b. Local time pipeline/facility restarted:	
- Still shut down? (" Supplemental Report Required)	
14. Did the gas ignite?	Yes
15. Did the gas explode?	Yes
18. Number of general public evacuated:	4
17. Time sequence (use local time, 24-hour clock):	
17a. Local time operator identified incident:	05/27/2014 14:05
17b. Local time operator resources arrived on site:	05/27/2014 14:15
<b>PART B - ADDITIONAL LOCATION INFORMATION</b>	
1. Was the incident on Federal land?	No
2. Location of incident:	Private property
3. Area of incident:	Aboveground
	Specify: Other
	If Other, Describe: House
	Depth of Cover:
4. Did incident occur in a crossing?	No
- If Yes, specify type below:	
- If Bridge crossing -	
Cased/ Uncased:	
- If Railroad crossing -	
Cased/ Uncased/ Bored/drilled	
- If Road crossing -	
Cased/ Uncased/ Bored/drilled	
- If Water crossing -	
Cased/ Uncased	
Name of body of water (if commonly known):	
Approx. water depth (ft):	
<b>PART C - ADDITIONAL FACILITY INFORMATION</b>	
1. Indicate the type of pipeline system:	Natural Gas Distribution, municipally owned
- If Other, specify:	
2. Part of system involved in incident:	Service Riser
- If Other, specify:	
2a. Year "Part of system involved in incident" was installed:	1979
Unknown?	
3. When "Main" or "Service" is selected as the "Part of system involved in incident" (from PART C, Question 2), provide the following:	
3a. Nominal diameter of pipe (in):	
3b. Pipe specification (e.g., API 5L, ASTM D2513):	Unknown?
3c. Pipe manufacturer:	Unknown?
3d. Year of manufacture:	Unknown?
4. Material involved in incident:	Steel
- If Other, specify:	
4a. If Steel, Specify seam type:	None/Unknown?
Unknown?	Unknown
4b. If Steel, Specify wall thickness (inches):	Unknown?
Unknown?	Yes
4c. If Plastic, Specify type:	
- If Other, describe	
4d. If Plastic, Specify Standard Dimension Ratio (SDR):	
Or wall thickness,	
Unknown?	
4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c:	
- Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)	Unknown?
5. Type of release involved :	Other
- If Mechanical Puncture - Specify Approx size:	
Approx. size: in. (total)	
in. (circumferential):	
- If Leak - Select Type:	

- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: (widest opening):	
(length circumferentially or axially):	
- If Other - Describe:	Service Riser, Meter and Regulator was damaged due to a house exploding on 1104 11th street. When the block wall collapsed it fell on the meter, regulator, damaging it and knocking it loose from the service riser causing the gas releasing to ignite due to the house/structure already being on fire.

**PART D - ADDITIONAL CONSEQUENCE INFORMATION**

1. Class Location of Incident :	Class 1 Location
2. Estimated Property Damage :	
2a. Estimated cost of public and non-Operator private property damage	\$ 95,000
2b. Estimated cost of Operator's property damage & repairs	\$ 0
2c. Estimated cost of Operator's emergency response	\$ 500
2d. Estimated other costs	\$ 0
- Describe:	
2e. Total estimated property damage (sum of above)	\$ 95,500
<b>Cost of Gas Released</b>	
2f. Estimated cost of gas released	\$ 94
3. Estimated number of customers out of service:	
3a. Commercial entities	0
3b. Industrial entities	0
3c. Residences	1

**PART E - ADDITIONAL OPERATING INFORMATION**

1. Estimated pressure at the point and time of the incident (psig):	35.00
2. Normal operating pressure at the point and time of the incident (psig):	35.00
3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the incident (psig):	90.00
4. Describe the pressure on the system relating to the incident:	Pressure did not exceed MAOP
5. Was a Supervisory Control and Data Acquisition (SCADA) based system in place on the pipeline or facility involved in the incident?	No
- If Yes:	
5a. Was it operating at the time of the incident?	
5b. Was it fully functional at the time of the incident?	
5c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the detection of the incident?	
5d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the incident?	
6. How was the incident initially identified for the Operator?	Notification from Emergency Responder
6a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 6, specify the following:	
- If Other, Specify:	
7. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the incident?	No, the facility was not monitored by a controller(s) at the time of the incident
- If No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate)	
- If Yes, Specify investigation result(s) (select all that apply):	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Provide an explanation for why not:	
- Investigation identified no control room issues	
- Investigation identified no controller issues	
- Investigation identified incorrect controller action or controller error	

- Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
- Investigation identified incorrect control room equipment operation	
- Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response	
- Investigation identified areas other than those above	
Describe:	
<b>PART F - DRUG &amp; ALCOHOL TESTING INFORMATION</b>	
1. As a result of this incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. Specify how many were tested:	
1b. Specify how many failed:	
2. As a result of this incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. Specify how many were tested:	
2b. Specify how many failed:	
<b>PART G - CAUSE INFORMATION</b>	
Select only one box from PART G in shaded column on left representing the Apparent Cause of the incident, and answer the questions on the right. Describe secondary, contributing, or root causes of the incident in the narrative (PART H)	
Apparent Cause:	G6 - Other Incident Cause
G1 - Corrosion Failure -- only one sub-cause can be picked from shaded left-hand column	
Corrosion Failure Sub-Cause:	
- If External Corrosion:	
1. Results of visual examination:	
	- If Other, Specify:
2. Type of corrosion:	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other	
	- If Other, Describe:
3. The type(s) of corrosion selected in Question 2 is based on the following:	
- Field examination	
- Determined by metallurgical analysis	
- Other	
	- If Other, Describe:
4. Was the failed item buried under the ground?	
- If Yes:	
4a. Was failed item considered to be under cathodic protection at the time of the incident?	
- If Yes, Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident?	
If "Yes, CP Annual Survey" -- Most recent year conducted:	
If "Yes, Close Interval Survey" -- Most recent year conducted:	
If "Yes, Other CP Survey" -- Most recent year conducted:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
6. Pipeline coating type, if steel pipe is involved:	
	- If Other, Describe:
- If Internal Corrosion:	

7. Results of visual examination:	- If Other, Describe:
8. Cause of corrosion (select all that apply):	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other	
	- If Other, Specify:
9. The cause(s) of corrosion selected in Question 8 is based on the following: (select all that apply):	
- Field examination	
- Determined by metallurgical analysis	
- Other	
	- If Other, Describe:
10. Location of corrosion (select all that apply):	
- Low point in pipe	
- Elbow	
- Dip-out	
- Other	
	- If Other, Describe:
11. Was the gas/fluid treated with corrosion inhibitor or blockies?	
12. Were any liquids found in the distribution system where the incident occurred?	
Complete the following if any Corrosion Failure sub-cause is selected AND the "Part of system involved in incident" (from PART C, Question 3) is Main, Service, or Service Riser.	
13. Date of the most recent Leak Survey conducted	
14. Has one or more pressure tests been conducted since original construction at the point of the incident?	
- If Yes:	
	Most recent year tested:
	Test pressure:
<b>G2 – Natural Force Damage – only one sub-cause can be picked from shaded left-handed column</b>	
Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	
	- If Other, Specify:
- If Heavy Rains/Floods:	
2. Specify:	
	- If Other, Specify:
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
	- If Other, Specify:
- If High Winds:	
- Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the incident generated in conjunction with an extreme weather event?	
6 a. If Yes, specify (select all that apply):	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
	- If Other, Specify:
<b>G3 – Excavation Damage – only one sub-cause can be picked from shaded left-hand column</b>	
Excavation Damage – Sub-Cause:	
- If Excavation Damage by Operator (First Party):	
- If Excavation Damage by Operator's Contractor (Second Party):	

<b>- If Excavation Damage by Third Party:</b>	
<b>- If Previous Damage due to Excavation Activity:</b>	
<b>Complete the following ONLY IF the "Part of system involved in incident" (from Part C, Question 2) is Main, Service, or Service Riser.</b>	
1. Date of the most recent Leak Survey conducted	
2. Has one or more pressure test been conducted since original construction at the point of the incident?	
- If Yes:	
	Most recent year tested
	Test pressure:
<b>Complete the following if Excavation Damage by Third Party is selected.</b>	
3. Did the operator get prior notification of the excavation activity?	
3a. If Yes, Notification received from: (select all that apply):	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
<b>Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.</b>	
4. Do you want PHMSA to upload the following information to CGA-DIRT ( <a href="http://www.cga-dirt.com">www.cga-dirt.com</a> )?	
5. Right-of-Way where event occurred (select all that apply):	
- Public	- If Public, Specify
- Private	- If Private, Specify
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	
6. Type of excavator :	
7. Type of excavation equipment :	
8. Type of work performed :	
9. Was the One-Call Center notified?	
9a. If Yes, specify ticket number	
9b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:	
10. Type of Locator:	
11. Were facility locate marks visible in the area of excavation?	
12. Were facilities marked correctly?	
13. Did the damage cause an interruption in service?	
13a. If Yes, specify duration of the interruption:	
14. Description of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):	
- Root Cause Description:	
- If One-Call Notification Practices Not Sufficient, specify:	
- If Locating Practices Not Sufficient, specify:	
- If Excavation Practices Not Sufficient, specify:	
- If Other/None of the Above (explain), specify:	
<b>G4 - Other Outside Force Damage - only one sub-cause can be selected from the shaded left-hand column</b>	
<b>Other Outside Force Damage - Sub-Cause:</b>	
<b>- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident:</b>	
<b>- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:</b>	
1. Vehicle/Equipment operated by:	
<b>- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:</b>	
2. Select one or more of the following IF an extreme weather event was a factor:	

- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Specify:	
<b>- If Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation:</b>	
<b>- If Electrical Arcing from Other Equipment or Facility:</b>	
<b>- If Previous Mechanical Damage NOT Related to Excavation:</b>	
<i>Complete the following ONLY if the "Part of system involved in incident" (from Part C, Question 2) is Main, Service, or Service Riser.</i>	
<b>3. Date of the most recent Leak Survey conducted:</b>	
<b>4. Has one or more pressure test been conducted since original construction at the point of the incident?</b>	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
<b>- If Intentional Damage:</b>	
<b>5. Specify:</b>	
- If Other, Specify:	
<b>- If Other Outside Force Damage:</b>	
<b>6. Describe:</b>	
<b>G5 - Material Failure of Pipe or Weld - only one sub-cause can be selected from the shaded left-hand column</b>	
<b>Material Failure of Pipe or Weld - Sub-Cause:</b>	
<b>- If Body of Pipe:</b>	
<b>1. Specify:</b>	
- If Other, Describe:	
<b>- If Butt Weld:</b>	
<b>2. Specify:</b>	
- If Other, Describe:	
<b>- If Fillet Weld:</b>	
<b>3. Specify:</b>	
- If Other, Describe:	
<b>- If Pipe Seam:</b>	
<b>4. Specify:</b>	
- If Other, Describe:	
<b>- If Threaded Metallic Pipe:</b>	
<b>- If Mechanical Fitting:</b>	
<b>5. Specify the mechanical fitting involved:</b>	
- If Other, Describe:	
<b>6. Specify the type of mechanical fitting:</b>	
- If Other, Describe:	
<b>7. Manufacturer:</b>	
<b>8. Year manufactured:</b>	
<b>9. Year installed:</b>	
<b>10. Other attributes:</b>	
<b>11. Specify the two materials being joined:</b>	
<b>11a. First material being joined:</b>	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
- If Other, Specify:	
<b>11b. If Plastic, specify:</b>	
- If Other Plastic, specify:	
<b>11c. Second material being joined:</b>	
- Steel	

- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
- If Other, Specify:	
11d. If Plastic, specify:	
- If Other Plastic, Specify:	
12. If used on plastic pipe, did the fitting -- as designed by the manufacturer -- include restraint?	
12a. If Yes, specify:	
- If Compression Fitting:	
13. Fitting type:	
14. Manufacturer:	
15. Year manufactured:	
16. Year installed:	
17. Other attributes:	
18. Specify the two materials being joined:	
18a. First material being joined:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
- If Other, specify:	
18b. If Plastic, specify:	
- If Other Plastic, specify:	
18c. Second material being joined:	
- Steel	
- Cast/Wrought Iron	
- Ductile Iron	
- Copper	
- Plastic	
- Unknown	
- Other	
- If Other, specify:	
18d. If Plastic, specify:	
- Other Plastic, specify:	
- If Fusion Joint:	
19. Specify:	
- If Other, Specify:	
20. Year installed:	
21. Other attributes:	
22. Specify the two materials being joined:	
22a. First material being joined:	
- If Other, Specify:	
22b. Second material being joined:	
- If Other, Specify:	
- If Other Pipe, Weld, or Joint Failure:	
23. Describe:	
Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.	
24. Additional Factors (select all that apply).	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Winkle	
- Misalignment	
- Burnt Steel	
- Other	

<b>25. Was the incident a result of</b>	
- Construction defect	Specify:
- Material defect	Specify:
- Design defect	- If Other, Specify:
- Previous damage	
<b>26. Has one or more pressure test been conducted since original construction at the point of the incident?</b>	
- If Yes:	Most recent year tested:
	Test pressure:
<b>G6 - Equipment Failure - only one sub-cause can be selected from the shaded left-hand column</b>	
<b>Equipment Failure - Sub-Cause:</b>	
<b>- If Malfunction of Control/Relief Equipment:</b>	
<b>1. Specify:</b>	
- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- Pressure Regulator	
- Other	- If Other, Specify:
<b>- If Threaded Connection Failure:</b>	
<b>2. Specify:</b>	
	- If Other, Specify:
<b>- If Non-threaded Connection Failure:</b>	
<b>3. Specify:</b>	
	- If Other, Specify:
<b>- If Valve:</b>	
<b>4. Specify:</b>	
	- If Other, Specify:
4a. Valve type:	
4b. Manufactured by:	
4c. Year manufactured:	
<b>- If Other Equipment Failure:</b>	
<b>5. Describe:</b>	
<b>G7 - Incorrect Operation - only one sub-cause can be selected from the shaded left-hand column</b>	
<b>Incorrect Operation Sub-Cause:</b>	
<b>- If Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage:</b>	
<b>- If Valve Left or Placed in Wrong Position, but NOT Resulting in an Overpressure:</b>	
<b>- If Pipeline or Equipment Overpressured:</b>	
<b>- If Equipment Not Installed Properly:</b>	
<b>- If Wrong Equipment Specified or Installed:</b>	
<b>- If "Other Incorrect Operation:</b>	
<b>1. Describe:</b>	
Complete the following if any Incorrect Operation sub-cause is selected.	
<b>2. Was this incident related to: (select all that apply)</b>	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	

- Other	- If Other, Describe.
3. What category type was the activity that caused the incident?	
4. Was the task(s) that led to the incident identified as a covered task in your Operator Qualification Program?	
4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
<b>G8 - Other Incident Cause - only one sub-cause can be selected from the shaded left-hand column</b>	
Other Incident Cause - Sub-Cause:	Unknown
- If Miscellaneous:	
1. Describe:	
- If Unknown:	
2. Specify:	Investigation complete, cause of incident unknown
<b>PART H - NARRATIVE DESCRIPTION OF THE INCIDENT</b>	
<p>On May 27th, at approximately 2:00 pm, CU personnel were dispatched to a possible house explosion at 1104 11th street, Carrollton Ky. CU staff personnel responded 10 minutes later. The incident Commander, Carrollton Fire Chief Mike Terrill advised he would like to have the gas shut off to the house. CU personnel could not get to the meter due to the fire on the structure. Therefore, the service line was located about 15 feet from the house, excavated, and squeezed off. The cause of the explosion was not determined. Odorant tests were performed on the day of the incident at the adjacent residents and found to be in compliance. A pressure test was performed on the service line the following day. The test was observed by Kentucky Public Service Commission staff. The pressure test passed. The distribution system pressure recording chart showed no abnormalities. The Fire Chief's final report was not able to determine the cause of the explosion.</p>	
<b>PART I - PREPARER AND AUTHORIZED SIGNATURE</b>	
Preparer's Name	Timothy Pearson
Preparer's Title	Safety Officer Compliance
Preparer's Telephone Number	502-525-0441
Preparer's E-mail Address	tpearson@carrolltonutilities.com
Preparer's Facsimile Number	502-732-7058
Authorized Signature	
Authorized Signature's Name	Bill Osborne
Authorized Signature's Title	General Manager
Authorized Signature Telephone Number	502-732-1215
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