

Pipeline Failure Investigation Report

Pipeline System: Rapid City Distribution **Operator:** Montana Dakota Utilities
747 Timmons Street Rapid City, SD
Operator ID: 31754 **Unit Number:** Valley Market **Activity Number:** _____
Location: 747 Timmons Blvd Ste A, Rapid City, SD **Date of Occurrence:** 3/5/18
Material Released: Natural Gas **Quantity:** Estimate to Follow
3-18-2018 @10:00 AM
PHMSA Arrival Time & Date: MT **Total Damages \$:** MDU Estimate \$10,000
Investigation Responsibility: State PHMSA NTSB Other

| <i>Company Reported Apparent Cause:</i> | <i>Company Reported Sub-Cause (from PHMSA Form 7000-1/7100.2):</i> |
|--|--|
| <input type="checkbox"/> Corrosion | |
| <input type="checkbox"/> Natural Force Damage | |
| <input type="checkbox"/> Excavation Damage | |
| <input checked="" type="checkbox"/> Other Outside Force Damage | Car/Trailer Collision |
| <input type="checkbox"/> Material Failure (Pipe, Joint, Weld) | |
| <input type="checkbox"/> Equipment Failure | |
| <input type="checkbox"/> Incorrect Operation | |
| <input type="checkbox"/> Other | |

| <i>Accident/Incident Resulted in (check all that apply):</i> | <i>Comments:</i> |
|--|--|
| <input type="checkbox"/> Rupture | |
| <input checked="" type="checkbox"/> Leak | |
| <input checked="" type="checkbox"/> Fire | |
| <input type="checkbox"/> Explosion | |
| <input checked="" type="checkbox"/> Evacuation | Number of Persons: _____ No Estimate _____ Area: _____ |

| <i>Narrative Summary</i> |
|--|
| <p>Short summary of the Incident/Accident scenario</p> <p>A pickup pulling a trailer with a car on it broke loose; rolled down a hill, crashed through a fence and the trailer with vehicle came to rest approximately 10' to the north of the gas riser and meter set, after striking a transformer, the trailer and vehicle never coming into contact with the building. While passing through the wooden fence prior to striking the transformer some unknown object damaged the meter set causing a release of gas. At some point the trailer/car and transformer started on fire eventually igniting the blowing gas.</p> <ol style="list-style-type: none"> 1. Trailer/Car came unhooked from tow vehicle proceeded down the ditch, over a landscaping berm, through a wooden fence striking a transformer and coming to a rest without striking the building. 2. The final resting place of the trailer/vehicle was approximately 10' north of the gas riser/meter set. 3. During the collision with the fence Some unknown object struck the gas riser and meter set causing damage and a release of gas. 4. At some point the Trailer/car caught on fire after striking transformer, and eventually ignited the gas. 5. The building was a cinder block building and had minimal damage to the structure itself due to the result of the fire. |

Region/State: South Dakota **Reviewed by:** _____

Pipeline Failure Investigation Report

Principal Investigator: Boice Hillmer

Title: South Dakota Pipeline Inspector

Date: 03/18/2018

Date: _____

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| <i>Failure Location & Response</i> | | | |
|--|---|---|---------------------------|
| Location (City, Township, Range, County/Parish): Rapid City, Pennington County | | | (Acquire Map) |
| Address or M.P. on Pipeline: ⁽¹⁾ 747 Timmons Blvd Ste A, Rapid City, SD | Type of Area (Rural, City): ⁽¹⁾ city | | |
| Coordinates of failure location (Latitude): 44.076908 | | (Longitude) -103.151245 | |
| Date: 3/5/18 | Time of Failure: 3:45 MT | | |
| Time Detected: 3:45 MT | Time Located: 3:45 MT | | |
| How Located: Reported by driver | | | |
| NRC Report #:1205947 | (Attach Report) | Time Reported to NRC: 17:30 Eastern Time called into the Washington DC Call Center. | Reported by: Josh Sanders |
| Type of Pipeline: | | | |
| Gas Distribution | Gas Transmission | Hazardous Liquid | ___ LNG |
| <input type="checkbox"/> LP | <input type="checkbox"/> Interstate Gas | <input type="checkbox"/> Interstate Liquid | |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Intrastate Gas | <input type="checkbox"/> Intrastate Liquid | |
| <input checked="" type="checkbox"/> Public Utility | <input type="checkbox"/> Gas Gathering | <input type="checkbox"/> Offshore Liquid | |
| <input type="checkbox"/> Master Meter | <input type="checkbox"/> Offshore Gas | <input type="checkbox"/> Liquid Gathering | |
| | <input type="checkbox"/> Offshore Gas - High H ₂ S | <input type="checkbox"/> CO ₂ | |
| | | <input type="checkbox"/> Low Stress Liquid | |
| | | <input type="checkbox"/> HVL | |
| Pipeline Configuration (Regulator Station, Pump Station, Pipeline, etc.): Commercial meter set with rotary meter, on a 2lb system with a 45lb feed. | | | |

| <i>Operator/Owner Information</i> | | | |
|--|----------|-------------------|---------|
| Owner: Montana-Dakota Utilities Company | | Operator: | |
| Address: 400 North 4th Street, Bismarck, ND 58501 | | Address: | |
| Company Official: Mr. Patrick Darras, Vice President of Operations | | Company Official: | |
| Phone No.: 701-221-4330 | Fax No.: | Phone No. | Fax No. |
| <u>Drug and Alcohol Testing Program Contacts</u> | | | ___ N/A |

1 Photo documentation

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| <i>Operator/Owner Information</i> |
|-----------------------------------|
| Drug Program Contact & Phone: |
| Alcohol Program Contact & Phone: |

| <i>Damages</i> | |
|--|--|
| Product/Gas Loss or Spill ⁽²⁾ Natural Gas | Estimated Property Damage \$ None Available |
| Amount Recovered None | Associated Damages ⁽³⁾ \$ |
| Estimated Amount \$ | |
| Description of Property Damage: West River Rural Electric loss an estimated 600 customers as a result of the trailer car striking their transformer and it catching fire. The building structure was cinder block construction and the building sustained minimal damage. | |
| Transformer Damage from West River Electric \$20,000-\$25,000 MDU estimated damages are \$10,000.00 Building Damages \$5,000.00 Electrical Damages/telecommunications \$5,000.00 New Gas Piping Cost with associated pressure test. \$2,500.00 Store Closure/loss of revenue: \$15,000.00 | |
| Customers out of Service: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number: 1 | |
| Suppliers out of Service: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number: | |

| <i>Fatalities and Injuries</i> | | | | | | <input checked="" type="checkbox"/> <i>N/A</i> |
|---|------------------------------|-----------------------------|--------------|----------------|---------|--|
| Fatalities: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Company: | Contractor: | Public: | |
| Injuries - Hospitalization: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Company: | Contractor: | Public: | |
| Injuries - Non-Hospitalization: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Company: | Contractor: | Public: | |
| Total Injuries (including Non-Hospitalization): | | | Company: | Contractor: | Public: | |
| Name | Job Function | Yrs. w/ Comp. | Yrs. Exp. | Type of Injury | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| <i>Drug/Alcohol Testing</i> | <input checked="" type="checkbox"/> <i>N/A</i> |
|--|--|
| Were all employees that could have contributed to the incident, post-accident tested within the 2 hour time frame for alcohol or the 32 hour time frame for all other drugs? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

2 Initial volume lost or spilled
3 Including cleanup cost

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| <i>Drug/Alcohol Testing</i> | | | | | <input checked="" type="checkbox"/> <i>x</i> <input type="checkbox"/> <i>N/A</i> |
|-----------------------------|------------------|----------|---------|-----|--|
| Job Function | Test Date & Time | Location | Results | | Type of Drug |
| | | | Pos | Neg | |
| | | | | | |
| | | | | | |
| | | | | | |

| <i>System Description</i> |
|--|
| Describe the Operator's System: 4" plastic Main with a 1-1/4" Plastic Service MDU's system consists of steel and plastic. |

| <i>Pipe Failure Description</i> | | <input checked="" type="checkbox"/> <i>x</i> <input type="checkbox"/> <i>N/A</i> |
|---|---|--|
| Length of Failure (inches, feet, miles): | | (1) |
| Position (Top, Bottom, include position on pipe, 6 O'clock): (1) | Description of Failure (Corrosion Gouge, Seam Split): (1) | |
| Laboratory Analysis: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Performed by: | | |
| Preservation of Failed Section or Component: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes - Method: | | |
| In Custody of: | | |
| Develop a sketch of the area including distances from roads, houses, stress inducing factors, pipe configurations, direction of flow, etc. Bar Hole Test Survey Plot, if included, should be outlined with concentrations at test points. | | |

| <i>Component Failure Description</i> | | <input checked="" type="checkbox"/> <i>x</i> <input type="checkbox"/> <i>N/A</i> |
|---|--------|--|
| <i>N/A</i> | | |
| Component Failed: | (1) | |
| Manufacturer: | Model: | |
| Pressure Rating: | Size: | |
| Other (Breakout Tank, Underground Storage): | | |

| <i>Pipe Data</i> | | <input checked="" type="checkbox"/> <i>x</i> <input type="checkbox"/> <i>N/A</i> |
|---|--|--|
| Material: Medium Density Polyethylene | Wall Thickness/SDR: SDR 11 | |
| Diameter (O.D.): 1-1/4" | Installation Date: 2005 | |
| SMYS: | Manufacturer: | |
| Longitudinal Seam: | Type of Coating: Plastic pipe no coating | |
| Pipe Specifications (API 5L, ASTM A53, etc.): | | |

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| <i>Joining</i> _x_ N/A | |
|---|---------------------------|
| Type: | Procedure: |
| NDT Method: | Inspected: ___ Yes ___ No |

| <i>Pressure @ Time of Failure @ Failure Site</i> _x_ N/A | | | | |
|---|-----------------|--------------------|---------------------------|-----------------------------|
| Pressure @ Failure Site: | | | Elevation @ Failure Site: | |
| Pressure Readings @ Various Locations: | | | | Direction from Failure Site |
| Location/M.P./Station # | Pressure (psig) | Elevation (ft msl) | Upstream | Downstream |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| <i>Upstream Pump Station Data</i> _x_ N/A | |
|--|---------------------------|
| Type of Product: | API Gravity: |
| Specific Gravity: | Flow Rate: |
| Pressure @ Time of Failure ⁽⁴⁾ | Distance to Failure Site: |
| High Pressure Set Point: | Low Pressure Set Point: |

| <i>Upstream Compressor Station Data</i> _x_ N/A | |
|--|---------------------------|
| Specific Gravity: | Flow Rate: |
| Pressure @ Time of Failure ⁽⁴⁾ | Distance to Failure Site: |
| High Pressure Set Point: | Low Pressure Set Point: |

| <i>Operating Pressure</i> _x_ N/A | |
|--|-----------------------------------|
| Max. Allowable Operating Pressure: | Determination of MAOP: |
| Actual Operating Pressure: | |
| Method of Over Pressure Protection: | |
| Relief Valve Set Point: | Capacity Adequate? ___ Yes ___ No |

| <i>Integrity Test After Failure</i> _x_ N/A | |
|---|--|
| Pressure test conducted in place? (Conducted on Failed Components or Associated Piping): ___ Yes ___ No | |
| If No, tested after removal? ___ Yes ___ No | |
| Method: | |
| Describe any failures during the test. | |

4 Obtain event logs and pressure recording charts

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| <i>Internal Pipe or Component Examination</i> | | <input checked="" type="checkbox"/> <i>x</i> <i>N/A</i> |
|--|--|---|
| Cleaning Pig Program: <input type="checkbox"/> Yes <input type="checkbox"/> No | Gas and/or Liquid Analysis: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Results of Gas and/or Liquid Analysis ⁽⁶⁾ | | |
| Internal Inspection Survey: <input type="checkbox"/> Yes <input type="checkbox"/> No | Results ⁽⁷⁾ | |
| Did the Operator have knowledge of Corrosion before the Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| How Discovered? (Instrumented Pig, Coupon Testing, ICDA, etc.): | | |

| <i>Outside Force Damage</i> | | <input type="checkbox"/> <i>N/A</i> |
|--|---|-------------------------------------|
| Responsible Party: Derek Johnson | Telephone No.: 605-718-0315 | |
| Address: 809 Polaris Court Rapid City, SD 57701 | | |
| Work Being Performed: Car/Trailer came un hooked and struck transformer/fence. | | |
| Equipment Involved: Car/Trailer (non excavation) ⁽¹⁾ | Called One Call System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <i>N/A</i> <input type="checkbox"/> No | |
| One Call Name: | One Call Report # ⁽⁸⁾ | |
| Notice Date: | Time: | |
| Response Date: | Time: | |
| Details of Response: | | |
| Was Location Marked According to Procedures? <input type="checkbox"/> Yes <input type="checkbox"/> <i>N/A</i> <input type="checkbox"/> No | | |
| Pipeline Marking Type: ⁽¹⁾ | Location: ⁽¹⁾ | |
| State Law Damage Prevention Program Followed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No State Law | | |
| Notice Required: <input type="checkbox"/> Yes <input type="checkbox"/> No | Response Required: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Operator Member of State One Call? <input type="checkbox"/> Yes <input type="checkbox"/> No | Was Operator on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Did a deficiency in the Public Awareness Program contribute to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is OSHA Notification Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| <i>Natural Forces</i> | <input type="checkbox"/> <i>x</i> <i>N/A</i> |
|-----------------------|--|
| | |

- 6 Attach copy of gas and/or liquid analysis report
 7 Attach copy of internal inspection survey report
 8 Attach copy of one-call report

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| <i>Natural Forces</i> _x_ N/A | |
|--|--|
| Description (Earthquake, Tornado, Flooding, Erosion): | |

| <i>Failure Isolation</i> __ N/A | |
|---|-------------------|
| Squeeze Off/Stopple Location and Method: Squeezed of 4" main in two directions approximately 100' in both directions, One customer with out service. (1) | |
| Valve Closed - Upstream: Time: | I.D.: M.P.: |
| Valve Closed - Downstream: Time: | I.D.: M.P.: |
| Pipeline Shutdown Method: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> SCADA <input type="checkbox"/> Controller <input type="checkbox"/> ESD | |
| Failed Section Bypassed or Isolated: Isolated | |
| Performed By: Kevin Morris First Responder, Two working leads were Andrew Morse and Jamie Overby, and supervisor Jim Lien. | Valve Spacing: NA |

| <i>Odorization</i> _x_ N/A | |
|--|--|
| Gas Odorized: <input type="checkbox"/> Yes <input type="checkbox"/> No | Concentration of Odorant (Post Incident at Failure Site): |
| Method of Determination: <input type="checkbox"/> Yes <input type="checkbox"/> No | % LEL: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | % Gas In Air: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Odorizer Working Prior to the Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No | Time Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Type of Odorizer (Wick, By-Pass): |
| Odorant Manufacturer: Model: | Type of Odorant: |
| Amount Injected: | Monitoring Interval (Weekly): |
| Odorization History (Leaks Complaints, Low Odorant Levels, Monitoring Locations, Distances from Failure Site): | |

| <i>Weather Conditions</i> __ N/A | |
|--|--|
| Temperature: Around 32 degrees | Wind (Direction & Speed): 50 MPH wind out of the North |
| Climate (Snow, Rain): Cloudy with No Precipitation | Humidity: |
| Was Incident preceded by a rapid weather change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| <i>Weather Conditions</i> | <input type="checkbox"/> N/A |
|---|------------------------------|
| Weather Conditions Prior to Incident (Cloud Cover, Ceiling Heights, Snow, Rain, Fog): Cloudy with no precipitation. | |

| <i>Gas Migration Survey</i> | <input checked="" type="checkbox"/> N/A |
|--|---|
| Bar Hole Test of Area: <input type="checkbox"/> Yes <input type="checkbox"/> No | Equipment Used: |
| Method of Survey (Foundations, Curbs, Manholes, Driveways, Mains, Services) ⁽⁹⁾ | |

| <i>Environment Sensitivity Impact</i> | <input checked="" type="checkbox"/> N/A |
|--|--|
| Location (Nearest Rivers, Body of Water, Marshlands, Wildlife Refuge, City Water Supplies that could be or were affected by the medium loss): ⁽¹⁾ | |
| OPA Contingency Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | Followed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| <i>Class Location/High Consequence Area</i> | <input checked="" type="checkbox"/> N/A |
|---|---|
| Class Location: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | HCA Area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Determination: | Determination: |
| Odorization Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

| <i>Pressure Test History</i> | | | | | | | <input checked="" type="checkbox"/> N/A |
|--|---|-----------|-------------|--------------------|-------------------|--------|---|
| <i>(Expand List as Necessary)</i> | | | | | | | |
| | Req'd ⁽¹⁰⁾ Assessment Deadline Date | Test Date | Test Medium | Pressure (psig) | Duration (hrs) | % SMYS | |
| Installation | N/A | | | | | | |
| Next | | | | | | | |
| Next | | | | | | | |
| Most Recent | | | | | | | |
| Describe any problems experienced during the pressure tests. | | | | | | | |

| <i>Internal Line Inspection/Other Assessment History</i> | | | | | | <input checked="" type="checkbox"/> N/A |
|--|---|--------------------|-------------------------------------|--|---|---|
| <i>(Expand List as Necessary)</i> | | | | | | |
| | Req'd ⁽¹⁰⁾ Assessment Deadline Date | Assessment Date | Type of ILI Tool ⁽¹¹⁾ | Other Assessment Method ⁽¹²⁾ | Indicated Anomaly If yes, describe below | |
| | | | | | | |

9 Plot on site description page

10 As required of Pipeline Integrity Management regulations in 49CFR Parts 192 and 195

11 MFL, TFI, UT, Combination, Geometry, etc.

12 ECDA, ICDA, SCCDA, "other technology," etc.

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| Internal Line Inspection/Other Assessment History | | | | | x__ N/A |
|--|--|--|--|--|----------------|
| <i>(Expand List as Necessary)</i> | | | | | |
| Initial | | | | | __ Yes __ No |
| Next | | | | | __ Yes __ No |
| Next | | | | | __ Yes __ No |
| Most Recent | | | | | __ Yes __ No |
| Describe any previously indicated anomalies at the failed pipe, and any subsequent pipe inspections (anomaly digs) and remedial actions. | | | | | |

| Pre-Failure Conditions and Actions | x__ N/A |
|---|----------------|
| Was there a known pre-failure condition requiring ⁽¹⁰⁾ the operator to schedule evaluation and remediation? __ Yes (describe below or on attachment) __ No | |
| If there was such a known pre-failure condition, had the operator established and adhered to a required ⁽¹⁰⁾ evaluation and remediation schedule? Describe below or on attachment. __ Yes __ No __ N/A | |
| Prior to the failure, had the operator performed the required ⁽¹⁰⁾ actions to address the threats that are now known to be related to the cause of this failure? __ Yes __ No __ N/A List below or on an attachment such operator-identified threats, and operator actions taken prior to the accident. | |
| Describe any previously indicated anomalies at the failed pipe, and any subsequent pipe inspections (anomaly digs) and remedial actions. | |

| Maps & Records | N/A |
|---|------------|
| Are Maps and Records Current? ⁽¹³⁾ __X Yes __ No | |
| Comments: | |

| Leak Survey History | __x__ N/A |
|---|------------------|
| Leak Survey History (Trend Analysis, Leak Plots): | |

| Pipeline Operation History | __ N/A |
|---|---------------|
| Description (Repair or Leak Reports, Exposed Pipe Reports): | |

13 Obtain copies of maps and records

Pipeline Failure Investigation Report

| <i>Pipeline Operation History</i> | <i>N/A</i> |
|---|------------|
| Did a Safety Related Condition Exist Prior to Failure? ___ Yes <u> X </u> No Reported? ___ Yes <u> N/A </u> No | |
| Unaccounted For Gas: 11-26-2015 Odorant Call, Nothing was discovered, it was decided that oven probably just needed a through cleaning. 11-26-2017 Survey leak was repaired. | |
| Over & Short/Line Balance (24 hr., Weekly, Monthly/Trend): | |

| <i>Operator/Contractor Error</i> | | | | | <i><u> x </u> N/A</i> |
|---|-------|------------------|--------------------------------|-------|-----------------------|
| Name: | | | Job Function: | | |
| Title: | | | Years of Experience: | | |
| Training (Type of Training, Background): | | | | | |
| Was the person "Operator Qualified" as applicable to a precursor abnormal operating condition? ___ Yes ___ No ___ N/A | | | | | |
| Was qualified individual suspended from performing covered task ___ Yes ___ No ___ N/A | | | | | |
| Type of Error (Inadvertent Operation of a Valve): | | | | | |
| Procedures that are required: | | | | | |
| Actions that were taken: | | | | | |
| Pre-Job Meeting (Construction, Maintenance, Blow Down, Purging, Isolation): | | | | | |
| Prevention of Accidental Ignition (Tag & Lock Out, Hot Weld Permit): | | | | | |
| Procedures conducted for Accidental Ignition: | | | | | |
| Was a Company Inspector on the Job? ___ Yes ___ No | | | | | |
| Was an Inspection conducted on this portion of the job? ___ Yes ___ No | | | | | |
| Additional Actions (Contributing factors may include number of hours at work prior to failure or time of day work being conducted): | | | | | |
| Training Procedures: | | | | | |
| Operation Procedures: | | | | | |
| Controller Activities: | | | | | |
| Name | Title | Years Experience | Hours on Duty Prior to Failure | Shift | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Alarm Parameters: | | | | | |
| High/Low Pressure Shutdown: | | | | | |

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| <i>Additional Information Sources</i> | | | |
|---------------------------------------|---|---------------------|--------------|
| Agency | Name | Title | Phone Number |
| Police: | Rapid City Police Department | | |
| Fire Dept.: | Rapid City Fire Department | | |
| State Fire Marshall: | | | |
| State Agency: | South Dakota Public Utilities | | |
| NTSB: | | | |
| EPA: | | | |
| USCG: | | | |
| FBI: | | | |
| ATF: | | | |
| OSHA: | | | |
| Insurance Co.: | Western United Life Policy # AAA AUI 003687854 | | |
| FRA: | | | |
| MMS: | | | |
| Television: | | | |
| Newspaper: | | | |
| Other: | | | |
| <i>Persons Interviewed</i> | | | |
| Name | Title | Phone Number | |
| Ron Blum | Region Director | 605-355-4004 | |
| Jim Lien | Construction Supervisor | | |
| Mark Knodel | Operation Supervisor | | |
| Mike Letcher | Operations Manager/West River Electric | 605-393-1500 | |
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Pipeline Failure Investigation Report

Site Description

Provide a sketch of the area including distances from roads, houses, stress inducing factors, pipe configurations, etc. Bar Hole Test Survey Plot should be outlined with concentrations at test points. Photos should be taken from all angles with each photo documented. Additional areas may be needed in any area of this guideline.