

Pipeline Failure Investigation Report

Pipeline System: Distribution **Operator:** Montana-Dakota Utilities Co. (MDU)
Operator ID: 12684 **Unit Number:** _____ **Activity Number:** _____
Location: 920 11th Street Rapid City, SD **Date of Occurrence:** 11-29-2021
Material Released: Natural Gas **Quantity:** 46.28 MCF
11-29-2021 11:50 AM
PHMSA Arrival Time & Date: MT **Total Damages \$:** \$224,788
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 checked="" type="checkbox"/> Excavation Damage	Excavation Damage by Third Party
<input type="checkbox"/> Other Outside Force Damage	
<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 checked="" type="checkbox"/> Explosion	
<input checked="" type="checkbox"/> Evacuation	Number of Persons: 4 Area: Residential Homes

Narrative Summary

Short summary of the Incident/Accident scenario

On November 29, 2021 at 9:22 a.m. MST, an excavator notified Montana-Dakota Utilities Co. (MDU) that they damaged a 1" main near 920 11th Street, Rapid City, South Dakota. An MDU first responder arrived at 10:27 a.m. MST and after checking in with local fire department personnel on scene, began investigating. While the MDU emergency responders were working to secure the damage, the leaking natural gas caused by the excavation damage migrated and subsequently ignited causing an explosion and a fire at 920 11th Street. An MDU crew excavated and squeezed the 2" steel main upstream of the damaged 1" main. South Dakota PUC pipeline safety felt this incident could have been avoided if good emergency response steps were taken. Since the Incident MDU has changed their OPS 613 procedure to reflect the following changes. 8.1. First Responder Actions 8.1.1. Equipment strikes shall be treated as blowing lines until a leak investigation indicates there is not a release of gas. They have also added OPS procedure 611 Line locating and Marking as of March 1, 2022.

The investigation determined the third-party excavator locate ticket #2129918149 expired at 9:45 PM on 11/18/2021 prior to commencing work on 11/29/2021 the date of the incident.

Region/State: Central Region/South Dakota **Reviewed by:** _____
Principal Investigator: Boice Hillmer **Title:** _____
Date: 11/30/2021 **Date:** _____

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Failure Location & Response			
Location (City, Township, Range, County/Parish): Rapid City, SD			(Acquire Map)
Address or M.P. on Pipeline: 920 11 th Street	(1)	Type of Area (Rural, City): City/Residential	(1)
Coordinates of failure location (Latitude): 44.07769794		(Longitude): -103.23747298	
Date: 11-29-2021	Time of Failure: 9:22 a.m.		
Time Detected: 9:22 a.m.		Time Located: 10:27 a.m.	
How Located: Third Party Excavation Damage			
NRC Report #: 1323119	(Attach Report)	Time Reported to NRC: 29-NOV-21 at 13:28 ET.	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 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 checked="" type="checkbox"/> Private Utility	<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.): Distribution system.			

Operator/Owner Information			
Owner:	Operator: MONTANA DAKOTA UTILITIES		
Address:	Address: 400 NORTH 4TH STREET BISMARCK, ND 58501		
Company Official:	Company Official: Pat Darras		
Phone No.:	Fax No.:	Phone No. (701) 222-7611	Fax No.
<u>Drug and Alcohol Testing Program Contacts</u>			___x N/A
Drug Program Contact & Phone:			
Alcohol Program Contact & Phone:			

1 Photo documentation

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Damages			
Product/Gas Loss or Spill ⁽²⁾	Natural Gas/46.28 MCF	Estimated Property Damage \$	\$210,000
Amount Recovered		Associated Damages ⁽³⁾ \$	\$14,500
Estimated Amount \$	\$288		
Description of Property Damage: Residential structure damaged from explosion and fire.			
Customers out of Service: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number: 5			
Suppliers out of Service: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number:			

Fatalities and Injuries						<input checked="" type="checkbox"/> <i>N/A</i>
Fatalities:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Company:	Contractor:	Public:	
Injuries - Hospitalization:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Company:	Contractor:	Public:	
Injuries - Non-Hospitalization:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Company:	Contractor:	Public:	
Total Injuries (including Non-Hospitalization):	0		Company:	Contractor:	Public:	
Name	Job Function	Yrs. w/ Comp.	Yrs. Exp.	Type of Injury		

Drug/Alcohol Testing					<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					
Job Function	Test Date & Time	Location	Results		Type of Drug
			Pos	Neg	

System Description

2 Initial volume lost or spilled
3 Including cleanup cost

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<i>System Description</i>
<p>Describe the Operator's System: System Consist of steel and plastic distribution pipe. The section of the distribution system that was damaged was operating at a MAOP of 34 PSI. The operating pressure at the time of the incident was 30 PSI. The damaged section of pipe was a 1" steel main. The 90-degree dresser elbow was located where the main turned at the end of the alley south down the boulevard of 11th street.</p> <p>The Dresser fitting was located at the intersection of the alley and 11th Street in the boulevard.</p>

<i>Pipe Failure Description</i>		_x_ N/A
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: ___ Yes ___ No		
Performed by:		
Preservation of Failed Section or Component: ___ Yes ___ 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>		___ N/A
Component Failed:	Mechanical Elbow	(1)
Manufacturer: Dresser	Model: Unknown – 90 Degree Dresser Ell	
Pressure Rating: Unknown	Size: 1"	
Other (Breakout Tank, Underground Storage):		

<i>Pipe Data</i>		___ N/A
Material: Steel	Wall Thickness/SDR:	
Diameter (O.D.): 1"	Installation Date: 1-11-1967	
SMYS: Unknown	Manufacturer: Unknown	
Longitudinal Seam: ERW – Unknown Frequency	Type of Coating: Mill Wrap Tar Paper Coating	
Pipe Specifications (API 5L, ASTM A53, etc.): Unknown		

<i>Joining</i>		___ N/A
Type: Mechanical Fitting	Procedure: Unknown	
NDT Method: NA	Inspected: ___ Yes ___ No	

<i>Pressure @ Time of Failure @ Failure Site</i>		___ N/A
Pressure @ Failure Site: 30 PSI	Elevation @ Failure Site: NA	

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<i>Pressure @ Time of Failure @ Failure Site</i> ___ N/A				
Pressure Readings @ Various Locations: Regulator Station 19			Direction from Failure Site	
Location/M.P./Station #	Pressure (psig)	Elevation (ft msl)	Upstream	Downstream
South of Quincy and W of West Street	30 psig	3,214 ft.	X	

<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> ___ N/A	
Max. Allowable Operating Pressure: 34 PSI	Determination of MAOP: Pressure Test
Actual Operating Pressure: 30 PSI	
Method of Over Pressure Protection: Relief	
Relief Valve Set Point: 30 psig	Capacity Adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<i>Integrity Test After Failure</i> ___ N/A	
Pressure test conducted in place? (Conducted on Failed Components or Associated Piping): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, tested after removal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Method:	
Describe any failures during the test. None	
<p>11-29-2021 MDU employees air tested the line from in front of 924 11th street to where the 1" pulled out of the dresser coupling, through the damaged piece of pipe. The initial air test was placed at 32 PSI which is what the line was operating at the time of the incident for 1-hour. Then the increased the pressure on the same section of line to 90 PSI for 50 minutes to check for any additional failures, nothing was discovered, all okay.</p> <p>Gauge Serial Number: 190305 Calibrated on: 5-14-2021</p> <p>11-29-2021 MDU Employees air tested the 2" main from squeeze off and 4 service lines still connected to the main to where the dresser ninety in question was cut out. This section was pressure tested at 30 PSI for 1-hour. Initial test lost approximately</p>	

4 Obtain event logs and pressure recording charts

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<i>Integrity Test After Failure</i> ___ N/A	
<p>4-lbs of air, so crews soap tested all the ball valves on the customer risers, and it was discovered that two of the risers were leaking 920 11th street, and 1022 South Street. Crews replaced the two valves and re-tested the line at 90 PSI for 30 minutes to check for any additional failures, nothing discovered all okay.</p> <p>Gauge Serial Number: RC-2289-1-PO66495 Calibrated on: 5-14-2021</p>	

<i>Soil/water Conditions @ Failure Site</i> ___ N/A	
Condition of and Type of Soil around Failure Site (Color, Wet, Dry, Frost Depth): Red in color with no frost in the ground or measurable amount of moisture.	
Type of Backfill (Size and Description): Native soils, not concerns with existing backfill	
Type of Water (Salt, Brackish): None	Water Analysis ⁽⁵⁾ ___ Yes ___x_ No

<i>External Pipe or Component Examination</i> ___ N/A	
External Corrosion? ___ Yes ___x_ No ⁽¹⁾	Coating Condition (Disbonded, Non-existent): ⁽¹⁾ Good
Description of Corrosion:	
Description of Failure Surface (Gouges, Arc Burns, Wrinkle Bends, Cracks, Stress Cracks, Chevrons, Fracture Mode, Point of Origin):	
Above Ground: ___ Yes ___x_ No ⁽¹⁾	Buried: ___x_ Yes ___ No ⁽¹⁾
Stress Inducing Factors: None ⁽¹⁾	Depth of Cover: 30 inches ⁽¹⁾

<i>Cathodic Protection</i> ___ N/A	
P/S (Surface):	P/S (Interface): -1.75 rectifier read
Soil Resistivity: pH:	Date of Installation: Unknown
Method of Protection: Rectifier System	
Did the Operator have knowledge of Corrosion before the Incident? ___ Yes ___X_ No	
How Discovered? (Close Interval Survey, Instrumented Pig, Annual Survey, Rectifier Readings, ECDA, etc): Rectifier readings	

<i>Internal Pipe or Component Examination</i> ___x_ N/A	
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5 Attach copy of water analysis report

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<i>Internal Pipe or Component Examination</i>		<u> x </u> N/A
Internal Corrosion: <input type="checkbox"/> Yes <input type="checkbox"/> No ⁽¹⁾	Injected Inhibitors: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Inhibitors:	Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Results (Coupon Test, Corrosion Resistance Probe):		
Description of Failure Surface (MIC, Pitting, Wall Thinning, Chevrons, Fracture Mode, Point of Origin):		
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>		<u> </u> N/A
Responsible Party: Matt Pike	Telephone No.: 1-775-621-6263	
Address: Box Elder, SD 57719		
Work Being Performed: Contractor was repairing a water curb stop.		
Equipment Involved: Mini Excavator ⁽¹⁾	Called One Call System? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Ticket was called in on October 26 th , Ticket was expired	
One Call Name: South Dakota 811	One Call Report # ⁽⁸⁾ Ticket # 2129918149	
Notice Date: 10/26/2021 10:54 PM	Time: 10:54 PM	
Response Date: October 28, 2021 3:10 PM by elmlocating.pr: Located	Time: 3:10 PM	
Details of Response:		
Was Location Marked According to Procedures? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Pipeline Marking Type: ⁽¹⁾	Location: ⁽¹⁾	

- 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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Outside Force Damage		___ N/A
Paint and flags	Alley	
State Law Damage Prevention Program Followed? ___ Yes <u> X </u> No ___ No State Law Excavator digging with expired ticket. Marks from original (expired) ticket were insufficient.		
Notice Required: <u> x </u> Yes ___ No	Response Required: <u> x </u> Yes ___ No	
Was Operator Member of State One Call? <u> x </u> Yes ___ No	Was Operator on Site? ___ Yes <u> x </u> No Not during excavation	
Did a deficiency in the Public Awareness Program contribute to the accident? ___ Yes <u> x </u> No		
Is OSHA Notification Required? ___ Yes <u> x </u> No		

Natural Forces	___x___ N/A
Description (Earthquake, Tornado, Flooding, Erosion): N/A	

Failure Isolation		___ N/A
Squeeze Off/Stopple Location and Method: Hydraulic Squeeze Tool on 2" Steel Pipe		(1)
Valve Closed - Upstream: No Time:	I.D.: M.P.:	
Valve Closed - Downstream: No Time:	I.D.: M.P.:	
Pipeline Shutdown Method: <u> x </u> Manual ___ Automatic ___ SCADA ___ Controller ___ ESD		
Failed Section Bypassed or Isolated: Isolated		
Performed By: Larry Ruhoff & Jordan Porubensky	Valve Spacing:	

Odorization		___ N/A
Gas Odorized: <u> x </u> Yes ___ No	Concentration of Odorant (Post Incident at Failure Site): 12.5% LEL	
Method of Determination: <u> X </u> Yes ___ No Heath Odorator Serial Number: 2000650006 Calibration date: 8/16/2021	% LEL: <u> X </u> Yes ___ No	% Gas In Air: ___ Yes ___ No
	Time Taken: <u> X </u> Yes ___ No 11/29/2021 at ~ 5:00 PM	
Was Odorizer Working Prior to the Incident? <u> x </u> Yes ___ No	Type of Odorizer (Wick, By-Pass): Gas Odorized by WBT	
Odorant Manufacturer: Heath Model: Odorator	Type of Odorant: Mercaptan	
Amount Injected: Unknown	Monitoring Interval (Weekly): Monthly	

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Odorization

N/A

Odorization History (Leaks Complaints, Low Odorant Levels, Monitoring Locations, Distances from Failure Site):

Tool Serial #	Work Order	Work Type	Actual Finish	Time	Owner	Owner Group	External Owner	READ LOCATION	READ DETECTABLE (Y/N)	ODOROMETER READING	Manufacturer
2000650006	NA	NA	Nov 23, 2021	5:00 PM	Ralph Schad	NA	NA	924 11th Street	YES	0.500	Heath

Work Order Completion Responses

Job Plan: JP10000208 - GAS MONTHLY ODOROMETER SNIFF TEST

District: =RAPIDCITY

Actual Finish Date Range: 2021-01-01 to 2021-11-29

District	City	Location	Location Description	Tool Serial #	Work Order	Work Type	Actual Finish	Owner	External Owner	READ LOCATION	READ DETECTABLE
RAPIDCITY	RAPID CITY	01556-ODST-58873	ODOROMETER SNIFF TEST TOWN OF RAPID CITY	2000650006	WO11169171	IN	Nov 1, 2021	KILES	KILES-002572	14300 SUNSHINE VALLE	YES
				2000650006	WO11104600	IN	Oct 4, 2021	KILES	KILES-002572	ROCKERVILLE	YES
				2000650006	WO11067010	IN	Sep 1, 2021	KILES	KILES-002572	718 STEELE AVE, RCSD	YES
				2000650007	WO11014603	IN	Aug 3, 2021	KILES	KILES-002572	720 BEARTOOTH CT	YES
				2000650007	WO10943652	IN	Jul 1, 2021	KILES	KILES-002572	1669 SAMCO ROAD RCSD	YES
				2000650007	WO10895321	IN	Jun 1, 2021	KILES	KILES-279772	PIEDMONT SD	YES
				2000650007	WO10799558	IN	May 4, 2021	KILES	KILES-279772	404 11TH ST RCSD	YES
				2000650007	WO10780202	IN	Apr 1, 2021	KILES	KILES-279772	RAPID CITY	YES
				2000650007	WO10763972	IN	Mar 1, 2021	KILES	KILES-279772	RAPID CITY	YES
				2000650007	WO10738667	IN	Feb 1, 2021	KILES	KILES-279772	525 BALLISTA, BOX EL	YES
				2000650007	WO10731808	IN	Jan 4, 2021	KILES	KILES-279772	450 E DISK DRIVE	YES

Weather Conditions

N/A

Temperature: 65 degrees	Wind (Direction & Speed): N/A
Climate (Snow, Rain): No Precipitation	Humidity:
Was Incident preceded by a rapid weather change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Weather Conditions Prior to Incident (Cloud Cover, Ceiling Heights, Snow, Rain, Fog): N/A	

Gas Migration Survey

N/A

Bar Hole Test of Area: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Used: Heath Consultants Bar hole tester and a CGI gas indicator SN: 45303 Last Calibrated: 11/2/21
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<i>Gas Migration Survey</i>	__ N/A
Method of Survey (Foundations, Curbs, Manholes, Driveways, Mains, Services) ⁽⁹⁾ (1) Mains & services to establish perimeter of gas migration, and next to building foundation in question.	

<i>Environment Sensitivity Impact</i>	__x__ 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? __ Yes __ No	Followed? __ Yes __ No

<i>Class Location/High Consequence Area</i>	__x__ N/A
Class Location: 1 __ 2 __ 3 <u>x</u> 4 __ Determination:	HCA Area? __ Yes <u>x</u> No __ N/A Determination:
Odorization Required? <u>x</u> Yes __ No __ N/A	

<i>Pressure Test History</i>							__ 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	1/11/1967	Air	50	Unknown	NA	
Next							
Next							
Most Recent							
Describe any problems experienced during the pressure tests.							

<i>Internal Line Inspection/Other Assessment History</i>						__x__ 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	
Initial					__ Yes __ No	
Next					__ Yes __ No	
Next					__ Yes __ No	
Most Recent					__ Yes __ No	

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 *(Expand List as Necessary)*

N/A

Describe any previously indicated anomalies at the failed pipe, and any subsequent pipe inspections (anomaly digs) and remedial actions.

Pre-Failure Conditions and Actions

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⁾ Yes No

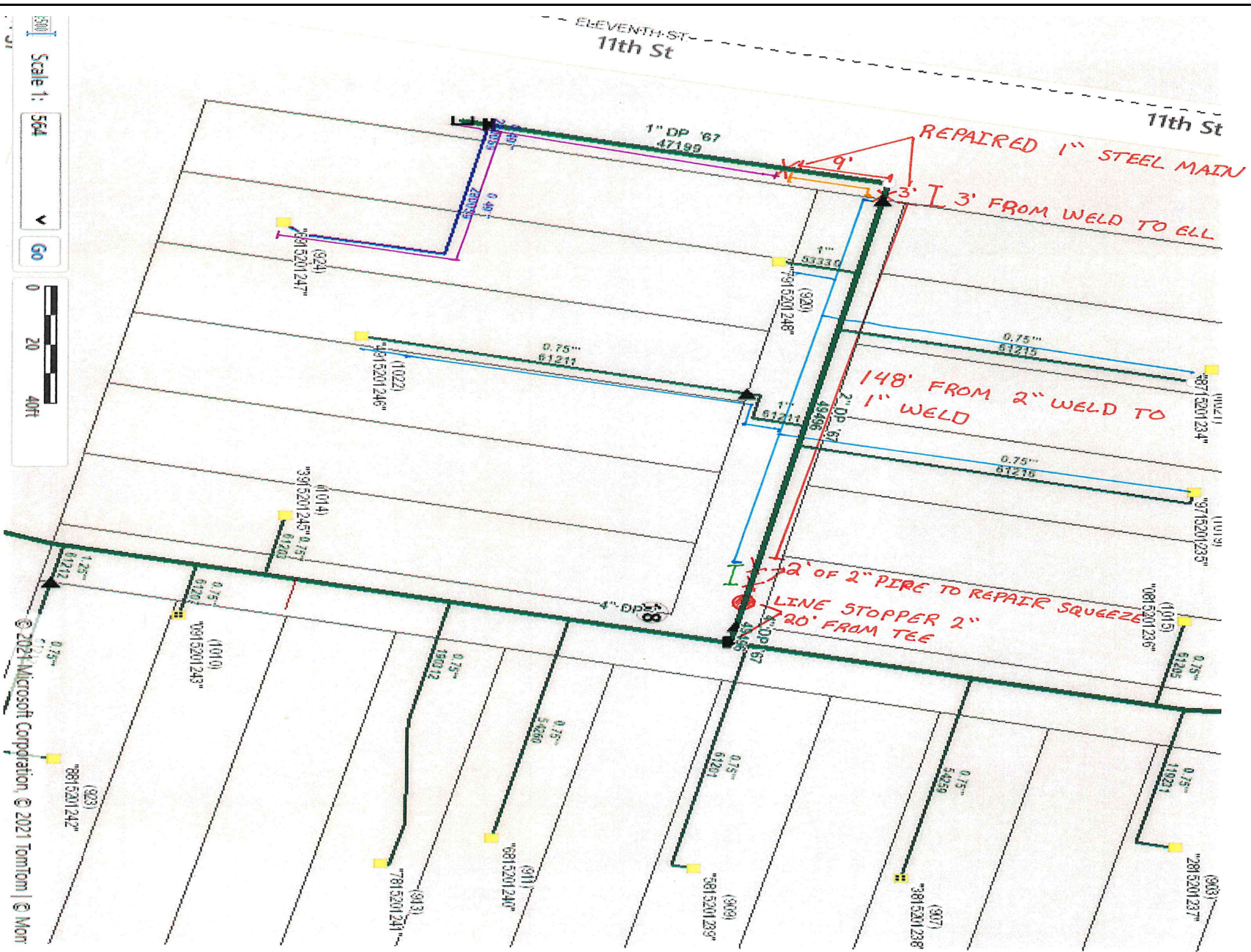
13 Obtain copies of maps and records

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Maps & Records

N/A

Are Maps and Records Current? (13) Yes No
Comments:



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<i>Leak Survey History</i> ___ N/A
Leak Survey History (Trend Analysis, Leak Plots): Last leak survey was completed on August 24, 2020

<i>Pipeline Operation History</i> ___x___ N/A
Description (Repair or Leak Reports, Exposed Pipe Reports):
Did a Safety Related Condition Exist Prior to Failure? ___ Yes ___x___ No Reported? ___ Yes ___ No
Unaccounted For Gas:
Over & Short/Line Balance (24 hr., Weekly, Monthly/Trend):

<i>Operator/Contractor Error If locate was marked incorrectly this informaiton should be completed.</i> ___ N/A	
Name: Bryce Leftwich	Job Function: Locator
Title: Locator - ELM	Years of Experience: 6-Months
Training (Type of Training, Background): ELM Star Training, EWN OQ Qualification, MDU Print Training	
Was the person "Operator Qualified" as applicable to a precursor abnormal operating condition? ___x___ Yes ___ No ___ N/A	
Was qualified individual suspended from performing covered task ___ Yes ___x___ No ___ N/A	
Type of Error (Inadvertent Operation of a Valve): Mislocated line	
Procedures that are required: Line Locating	
Actions that were taken: ELM audited locate employee.	
Pre-Job Meeting (Construction, Maintenance, Blow Down, Purging, Isolation): NA	
Prevention of Accidental Ignition (Tag & Lock Out, Hot Weld Permit): NA	
Procedures conducted for Accidental Ignition: NA	
Was a Company Inspector on the Job? ___ Yes ___X___ No	
Was an Inspection conducted on this portion of the job? ___ Yes ___X___ No	
Additional Actions (Contributing factors may include number of hours at work prior to failure or time of day work being conducted): NA	
Training Procedures:	
Operation Procedures:	
Controller Activities:	

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Operator/Contractor Error If locate was marked incorrectly this informaiton should be completed.

N/A

Name	Title	Years Experience	Hours on Duty Prior to Failure	Shift

Alarm Parameters:

High/Low Pressure Shutdown:

Flow Rate:

Procedures for Clearing Alarms:

Type of Alarm:

Company Response Procedures for Abnormal Operations:

Over/Short Line Balance Procedures:

Frequency of Over/Short Line Balance:

Additional Actions:

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Additional Actions Taken by the Operator

N/A

Make notes regarding the emergency and Failure Investigation Procedures (Pressure reduction, Reinforced Squeeze Off, Clean Up, Use of Evacuators, Line Purging, closing Additional Valves, Double Block and Bleed, Continue Operating downstream Pumps):

An MDU first responder arrived at 10:27 a.m. MST and after checking in with local fire department personnel on scene, began investigating. While the MDU emergency responders were working to secure the damage, the leaking natural gas caused by the excavation damage migrated and subsequently ignited causing an explosion and a fire at 920 11th Street. An MDU crew excavated and squeezed the 2" steel main upstream of the damaged 1" main.

Photo Documentation ⁽¹⁾

Overall Area from best possible view. Pictures from the four points of the compass. Failed Component, Operator Action, Damages in Area, Address Markings, etc.

Photo No.	Description	Photo No.	Description
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	

Camera Type:

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<i>Additional Information Sources</i>			
Agency	Name	Title	Phone Number
Police:			
Fire Dept.:	Daryl Strong	RC Fire Department	
State Fire Marshall:			
State Agency:	Boice Hillmer	Pipeline Safety Inspector	605-773-4210
NTSB:			
EPA:			
USCG:			
FBI:			
ATF:			
OSHA:			
Insurance Co.:			
FRA:			
MMS:			
Television:			
Newspaper:			
Other:	Included in Incident File		
<i>Persons Interviewed</i>			
Name	Title	Phone Number	
Toby Bordewyk	MDU District Manager	605-355-4054	
Michael Scheopp	MDU Director, Operations Services	701-222-7923	
Josh Sanders	MDU Director, Ops Policy & Procedures	701-222-7773	
Brandon Lance	MDU Region Director	605-355-4004	

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<i>Event Log</i>	
Sequence of events prior, during, and after the incident by time. (Consider the events of all parties involved in the incident, Fire Department and Police reports, Operator Logs and other government agencies.)	
Time/Date	Event
9:22AM/11-29-2021	Matt pike called Jamie Overby stating he had dug into a gas line stating he was pretty sure it was a live line and that it may be leaking and need someone to look. Jamie asked Matt to call 800-MDU-FAST, 911 and 811.
9:37AM-11/29/2021	Fire Department Got first Alarm
9:43AM-11/29/2021	Fire Department Arrived on scene
9:47AM-11/29/2021	Order created in MDU System
10:03AM-11/29/2021	Order dispatched to Ralph Schad.
10:05AM-11/29/2021	Ralph Schad accepted order and en-route
10:27AM-11/29/2021	Ralph Schad arrived on-site – checked in with Fire Department and began investigation
10:45AM-11/29/2021	Larry Ruhoff arrived onsite (ELM/ULS onsite)
10:50AM-11/29/2021	Jordan Porubensky arrived onsite
11:00AM-11/29/2021	Ignition and explosion at 920 11 th Street.
11:15AM-11/29/2021	Jamie Overby arrived on site.
11:16AM-11/29/2021	Power killed (called by fire).
11:16AM-11/29/2021	Larry Ruhoff and Jordan Porubensky started digging in east end of ally to squeeze 2” pipe to stop flow.
11:20AM-11/29/2021	Mark Knodel, Sandi Kile, Casey Smith on site.
11:22AM-11/29/2021	Casey, Sandi and Ralph checking houses, finding UG perimeter, verifying houses were safe, migrating gas.
11:29AM-11/29/2021	Fire Department determines the fire as controlled
11:30AM-11/29/2021	Gas Secure, squeezed 2”.
11:39AM-11/29/2021	1014 South St cleared by Sandi.
11:42AM-11/29/2021	Mark spoke with fire department to allow people back to house. After cleared, checked for migrating gas.

Pipeline Failure Investigation Report

<i>Event Log</i>	
Sequence of events prior, during, and after the incident by time. (Consider the events of all parties involved in the incident, Fire Department and Police reports, Operator Logs and other government agencies.)	
11:42AM- 11/29/2021	Jamie called 811 to extend emergency locates further down the alley.
11:43AM- 11/29/2021	Casey cleared 1022 South ST.
11:44AM- 11/29/2021	Fire dept called and said as long as no gas okay to let people back.
11:45AM- 11/29/2021	Casey cleared 924 11 th St.
11:47AM- 11/29/2021	Cleared 1019 and 1021 Columbus St. (laser). No one was home.
11:50AM- 11/29/2021	Began bar hole investigation to find migration.
11:50AM- 11/29/2021	Boice with SDPUC showed up on site
11:50AM- 11/29/2021	Casey finished apartment check west side of 11 th St.
12:46PM- 11/29/2021	Called Kelly for sandbags, bar holed and mapped again.
1:45PM- 11/29/2021	Casey Smith secured all risers, off and pinned.
2:00PM- 11/29/2021	Larry started digging out 2" hole to line stop/cap
2:40PM- 11/29/2021	Fire Department Last unit cleared from scene
2:45PM- 11/29/2021	Jordan started welding line stopper.
4:30PM- 11/29/2021	Welding complete and capped. All secure for night.

Pipeline Failure Investigation Report

<i>Investigation Contact Log</i>			
Time	Date	Name	Description

<i>Failure Investigation Documentation Log</i>					
Operator:		Unit #:	CPF #:		Date:
Appendix Number	Documentation Description	Date		FOIA	
		Received		Yes	No

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.

