

## Pipeline Failure Investigation Report

**Pipeline System:** Distribution – service line      **Operator:** MDU  
**Operator ID:** 12684      **Unit Number:** \_\_\_\_\_      **Activity Number:** \_\_\_\_\_  
**Location:** Rapid City      **Date of Occurrence:** 2/10/2023  
**Material Released:** Natural Gas      **Quantity:** 22.0 MCF  
**PHMSA Arrival Time & Date:** NA      **Total Damages \$:** Estimated \$752,638  
**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	Vehicle hit meter set
<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: <u>Unknown</u> Area: _____

<i>Narrative Summary</i>
<p>Short summary of the Incident/Accident scenario</p> <p>On February 10, 2023, at 04:24 am, Montana Dakota Utilities (MDU) received a call reporting a house fire at 1414 Degeest Drive in Rapid City South Dakota. Upon arrival the MDU service technician determined a vehicle traveling in a residential subdivision left the roadway and struck an outside meter set on the house, shearing off the riser at ground level, causing a release of natural gas that ignited. The driver of the vehicle did not survive, and 4 residents of the house were transported to the hospital. The four residents of 1414 Degeest Dr were evacuated, occupants at 1426 Degeest Dr and 1392 Degeest Dr were also evacuated. Number of people evacuated in PART A is an estimate as number of occupants from 1426 Degeest and 1392 Degeest is unknown at the time of this report. Gas service to 1414 Degeest Dr and 1426 Degeest Dr was lost during the incident. Gas service to 1426 Degeest Dr was restored at approximately 10:00 am. Gas service to 1414 Degeest Dr has been retired. The home at 1414 Degeest was a total loss. The house at 1426 Degeest sustained damage, a camper at this location was a total loss. Three 3 vehicles sustained damage.</p> <p>Update: April 12, 2023- The police report indicated the speed of the vehicle was estimated at 80 mph using information from a witness. Police report indicates the injuries to the driver of the vehicle and the resulting fire proved to be fatal. No indication of the cause of the fatality in the police or fire report. The fire report indicates access to the vehicle after the gas line was clamped and the fire was controlled allowing recovery of the victim.</p> <p>The number of reported injuries varies from 2 to 5 individuals on the police, fire, and company first responder reports. No information in the reports could confirm if the injuries required hospitalization.</p> <p>The houses at 1414 Degeest Dr, 1426 Degeest and 1392 Degeest Dr. were evacuated by unknown persons. The number of residents evacuated is an estimate as no specific information on the number of evacuations is included in the police or fire reports.</p> <p>The police report indicates total loss or damage to 1 camper trailer, 1 utility trailer, and 6 vehicles. Estimated value of trailers and vehicles - \$100,000.</p> <p>Updated the estimated property damage information, using information from police and fire reports. 1414 Degeest Dr. - \$500,000 including possessions, 1426 Degeest Dr. - \$100,000 and 1392 Degeest Dr. - \$50,000</p> <p>Total estimated loss to non-operator - \$750,000</p>

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Original service was installed in 2001, No EFV was installed at time of installation, service line was polyethylene pipe and fittings.

Region/State: Central/South Dakota

Reviewed by: \_\_\_\_\_

Principal Investigator: Boice Hillmer

Title: \_\_\_\_\_

Date: 2-10-2023 -7-31-2023

Date: \_\_\_\_\_

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<b>Failure Location &amp; Response</b>			
Location (City, Township, Range, County/Parish): Rapid City, SD, Pennington County			(Acquire Map)
Address or M.P. on Pipeline: (1) 1414 Degeest Drive	Type of Area (Rural, City): (1) city		
Coordinates of failure location (Latitude):		(Longitude):	
Date: 2/10/2023	Time of Failure: Call center notified at 04:24 am		
Time Detected: Tech arrived on scene at 04:58 am	Time Located: Tech arrived on scene at 04:58 am		
How Located: Visual – gas from riser had ignited.			
NRC Report #: 1359693	(Attach Report)	Time Reported to NRC: 02/10/2023 6:00 CT	Reported by: MDU
<b>Type of Pipeline:</b>			
<input type="checkbox"/> Gas Distribution	<input type="checkbox"/> Gas Transmission	<input type="checkbox"/> Hazardous Liquid	<input type="checkbox"/> 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 <sub>2</sub> S	<input type="checkbox"/> CO <sub>2</sub>	
		<input type="checkbox"/> Low Stress Liquid	
		<input type="checkbox"/> HVL	
Pipeline Configuration (Regulator Station, Pump Station, Pipeline, etc.): Customer meter set			

<b>Operator/Owner Information</b>			
Owner: Montana Dakota Utilities Address: 400 N 4 <sup>th</sup> St, Bismarck, ND		Operator: Same Address:	
Company Official: Pat Darras Phone No.: (701) 221-4330 Fax No.:		Company Official: Phone No. 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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<b>Damages</b>	
Product/Gas Loss or Spill <sup>(2)</sup>  Amount Recovered  Estimated Amount \$138.00	Estimated Property Damage \$752,638 Associated Damages <sup>(3)</sup> \$752,638 – included cost of repair and emergency response.
Description of Property Damage: 1414 DeGreest was destroyed, extensive damage to 1426 Degeest. 3 vehicles were damaged, 1 travel trailer camper was destroyed.	
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:	

<b>Fatalities and Injuries</b>						___ N/A
Fatalities:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Company:	Contractor:	Public:	1
Injuries - Hospitalization:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Company:	Contractor:	Public:	4
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		

<b>Drug/Alcohol Testing</b>					_x_ N/A
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	

<b>System Description</b>
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2 Initial volume lost or spilled  
 3 Including cleanup cost

# Pipeline Failure Investigation Report

<i>System Description</i>	
Describe the Operator's System: Service line running from distribution main to customer house.	

<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>		__x__
<i>N/A</i>		
Component Failed:	(1)	
Manufacturer:	Model:	
Pressure Rating:	Size:	
Other (Breakout Tank, Underground Storage):		

<i>Pipe Data</i>		__x__ N/A
Material:	Wall Thickness/SDR:	
Diameter (O.D.):	Installation Date:	
SMYS:	Manufacturer:	
Longitudinal Seam:	Type of Coating:	
Pipe Specifications (API 5L, ASTM A53, etc.):		

<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:	





## Pipeline Failure Investigation Report

<i>Internal Pipe or Component Examination</i>		<input checked="" type="checkbox"/> <i>x</i> <i>N/A</i>
Results of Gas and/or Liquid Analysis <sup>(6)</sup>		
Internal Inspection Survey: <input type="checkbox"/> Yes <input type="checkbox"/> No	Results <sup>(7)</sup>	
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 checked="" type="checkbox"/> <i>x</i> <i>N/A</i>
Responsible Party:	Telephone No.:	
Address:		
Work Being Performed:		
Equipment Involved: <sup>(1)</sup>	Called One Call System? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>NA</i>	
One Call Name:	One Call Report # <sup>(8)</sup>	
Notice Date:	Time:	
Response Date:	Time:	
Details of Response:		
Was Location Marked According to Procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pipeline Marking Type: <sup>(1)</sup>	Location: <sup>(1)</sup>	
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 checked="" type="checkbox"/> <i>x</i> <i>N/A</i>
Description (Earthquake, Tornado, Flooding, Erosion):	

- 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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<b>Natural Forces</b>	<input checked="" type="checkbox"/> <i>N/A</i>

<b>Failure Isolation</b>		<input type="checkbox"/> <i>N/A</i>
Squeeze Off/Stopple Location and Method: Service line Squeezed off.		(1)
Valve Closed - Upstream: Time:	I.D.: M.P.:	
Valve Closed - Downstream: Time:	I.D.: M.P.:	
Pipeline Shutdown Method: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> SCADA <input type="checkbox"/> Controller <input type="checkbox"/> ESD		
Failed Section Bypassed or Isolated:		
Performed By:	Valve Spacing:	

<b>Odorization</b>		<input checked="" type="checkbox"/> <i>N/A</i>
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
	Time Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Odorizer Working Prior to the Incident? <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):		

<b>Weather Conditions</b>		<input type="checkbox"/> <i>N/A</i>
Temperature: 19 degrees to 50 degrees	Wind (Direction & Speed): 4.7 to 8.1 MPH	
Climate (Snow, Rain): No precipitation	Humidity: 28-57%	
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): <i>N/A</i>		

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<i>Gas Migration Survey</i>		<i>x</i> <u>  </u> <i>N/A</i>
Bar Hole Test of Area: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Equipment Used: LZ-30	
Method of Survey (Foundations, Curbs, Manholes, Driveways, Mains, Services) <sup>(9)</sup> Leak Survey Completed using LZ-30 <sup>(1)</sup>		
<p>No Bar holing was conducted during leak investigation, MDU's initial leak surveying was conducted using an RMLD serial number 3151. Fire investigation and witness form indicates that they performed leak surveying 100 ft. each direction of service line tee, main from property line to property line, approximately 80 ft. each direction of service line and high pressure main on opposite side of street, etc. No leaks found when surveyed with Lazer.</p> <p>Per GPTC Guide material for 192.617 MDU should investigate and document their investigation as follows:</p> <p>Guide material 192.617 Investigation of failures 5.1 Incident.</p> <p>When a detailed analysis is to be made, a person at the scene of the incident should be designated to coordinate the investigation. That person's responsibilities should include the following.</p> <p>(a) Acting as a coordinator for all field investigative personnel.</p> <p>(b) Maintaining a log of the personnel, equipment, and witnesses.</p> <p>(c) Recording in chronological order the events as they take place.</p> <p>(d) Ensuring that photographs are taken of the incident and surrounding areas. These photographs may be of great value in the investigation.</p> <p>(e) Ensuring the notification of all appropriate governmental authorities.</p> <p>(f) Ensuring the preservation and chain of custody of evidence.</p> <p>5.2 Other failures.</p> <p>(a) Gather sufficient data to complete the general process for performing root-cause analysis. See 3 above.</p> <p>(b) For a failure that does not elevate to the level of an incident, an operator may follow the data collection steps. See 5.1 above.</p>		

<i>Environment Sensitivity Impact</i>		<i>x</i> <u>  </u> <i>N/A</i>
Location (Nearest Rivers, Body of Water, Marshlands, Wildlife Refuge, City Water Supplies that could be or were affected by the medium loss): <sup>(1)</sup>		
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>		<i>x</i> <u>  </u> <i>N/A</i>
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		

9 Plot on site description page

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<b>Pressure Test History</b> <span style="float: right;">_x_ N/A</span>						
<i>(Expand List as Necessary)</i>						
	Req'd <sup>(10)</sup> 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.						

<b>Internal Line Inspection/Other Assessment History</b> <span style="float: right;">_x_ N/A</span>					
<i>(Expand List as Necessary)</i>					
	Req'd <sup>(10)</sup> Assessment Deadline Date	Assessment Date	Type of ILI Tool <sup>(11)</sup>	Other Assessment Method <sup>(12)</sup>	Indicated Anomaly If yes, describe below
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.					

<b>Pre-Failure Conditions and Actions</b> <span style="float: right;">_x_ N/A</span>
Was there a known pre-failure condition requiring <sup>(10)</sup> 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 <sup>(10)</sup> evaluation and remediation schedule? Describe below or on attachment. __ Yes __ No __ N/A
Prior to the failure, had the operator performed the required <sup>(10)</sup> 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.

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.

## Pipeline Failure Investigation Report

<i>Maps &amp; Records</i>	<i>N/A</i>
Are Maps and Records Current? <sup>(13)</sup> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

<i>Leak Survey History</i>	<i>N/A</i>
Leak Survey History (Trend Analysis, Leak Plots): Last leak survey completed 10-11-2022	

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

<i>Operator/Contractor Error</i>		<input checked="" type="checkbox"/> <i>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Was qualified individual suspended from performing covered task <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was an Inspection conducted on this portion of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No		

13 Obtain copies of maps and records

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<i>Operator/Contractor Error</i>				_x_ N/A
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:				
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:				









## Pipeline Failure Investigation Report

<i>Investigation Contact Log</i>			
Time	Date	Name	Description
7:39 AM	2-10-2023	Alvaro Rodriguez	Emailed Mary Zanter looking for update on Incident Report # 1359693
8:39 AM	2-10-2023	Mary Zanter	Sent from 11 to Toby Bordewyk for additional Info.
9:35 AM	2-10-2023	Toby Bordewyk	Toby responds to Mary's email from 2-10-2023 @ 8:39 AM
9:42 AM	2-10-2023	Mary Zanter	Mary Zanter responds to Toby's email in regard to additional information needed on form 11 that MDU needs to provide.
12:40 PM	2-10-2023	Mary Zanter	Mary Zanter provides update to Alvaro Rodriguez
1:35 PM	2-10-2023	Alvaro Rodriguez	Alvaro Rodriguez responds to Mary Zanters update.
1:56 PM	2-13-2023	Boice Hillmer	Boice Hillmer asks Toby Bordewyk question about excess flow valve.
2:01 PM	2-13-2023	Toby Bordewyk	Toby responds that there was no excess flow valve installed on service line.
9:14 AM	3-10-2023	Boice Hillmer	Sent E-mail to Danny Hood requesting additional information for form 11.
1:47 PM	3/10/2023	Danny Hood	Received E-mail from Danny Hood with MAOP and operating pressure information.
2:26 PM	3/10/2023	Boice Hillmer	Sent E-mail to Danny Hood requesting additional leak survey information/squeeze off/when repairs are completed, etc.
8:31 AM	3/13/2023	Danny Hood	Received E-Mail from Danny Hood with when Initial call was received, first responder on scene, service line squeezed off, when service was retired.
2:51 PM	3/14/2023	Mary Zanter	Requesting additional clarification from MDU on Form F7100.1.
12:22 PM	3-28-2023	Danny Hood	MDU waiting for police and fire department report, to complete the incident report.
9:14 AM	4-14-2023	Danny Hood	Provided PHMSA 7100.1 form with clarifications.
9:49 AM	4-14-2023	Boice Hillmer	Questioned whether an explosion occurred under question 21d of PHMSA 7100.1 form.
8:32 AM	4-24-2023	Boice Hillmer	Had to ask Danny Hood to follow up on question 21d again.
1:19 PM	4-28-2023	Danny Hood	Provided copies of Fire Department and Police Department reports, and an explanation of question 21d as to why they did not classify it as an explosion.
3:29 PM	6-8-2023	Boice Hillmer	Requested timeline of events from MDU.
8:47 AM	6-12-2023	Danny Hood	Danny Hood responded to request for timeline of events.
11:18 AM	6-13-2023	Boice Hillmer	Requested copies of leak survey from Danny Hood.
11:38 AM	6-13-2023	Danny Hood	Requested leak survey information from region office.
2:04 PM	7-14-2023	Danny Hood	Provided requested leak survey information.

<i>Failure Investigation Documentation Log</i>					
Operator:		Unit #:	CPF #:	Date:	
Appendix	Documentation Description		Date	FOIA	
Number			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.

