

Pipeline Failure Investigation Report

Pipeline System: Distribution **Operator:** NorthWestern Energy
Operator ID: 31632 **Unit Number:** _____ **Activity Number:** _____
Location: 13653 389th Ave, Aberdeen, SD 57401 **Date of Occurrence:** 12-03-2025
Material Released: Natural Gas **Quantity:** 4.57 MMCF
PHMSA Arrival Time & Date: N/A **Total Damages \$:** \$55,810
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 impact |
| <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 | Failure at weld due to impact of vehicle |
| <input type="checkbox"/> Fire | |
| <input type="checkbox"/> Explosion | |
| <input checked="" type="checkbox"/> Evacuation | Number of Persons: <u> 2 </u> Area: <u> 389th Ave </u> |

| <i>Narrative Summary</i> |
|--|
| <p>Short summary of the Incident/Accident scenario</p> <p>At approximately 08:57 on December 3, 2025, south of Aberdeen SD, a vehicle slid off an icy, gravel road striking a farm tap in the right of way. Driver was not injured. The night before the incident there was snow and freezing rain which affected road conditions.</p> <p>At 09:11, Brown County 911 dispatch called NorthWestern Energy to report hit line and first responder was on scene at approximately 09:26. NorthWestern Energy first responder identified this was the main pipeline into Aberdeen, SD and company leadership was notified immediately. Multiple teams coordinated to assess system integrity, manage gas load to the city of Aberdeen, and ensure public safety.</p> <p>Aberdeen Rural Fire Department (ARFD) turned off the above ground valve at the farm tap at approximately 09:30 which minimized the blowing gas; however, an underground leak was still present and releasing gas (initially ~610psig). The Brown County Sheriff Department blocked the road at the intersection north and south of the accident. The ARFD verified no one was home at the west residence and evacuated the two residents at the east residence.</p> <p>Mitigation steps included monitoring ambient air, barholing for gas migration, and planning segment isolation to control the plume of gas for safe approach to the farm tap curb valve. To sustain the gas load for the city of Aberdeen during frigid winter weather conditions, four large industrial customers were curtailed and alternate supply interconnect support from Northern Natural Gas was arranged. Several attempts of isolation were organized and completed; however, gas load demands were a factor in execution due to frigid winter weather conditions.</p> <p>At 18:33, with diminished gas load, the damaged farm tap was isolated, gas flow stopped, and system pressure restored. Contingency plans for heating to the two customers affected by the farm tap shut off and repair logistics were implemented. Final repair was deferred to next day with overnight monitoring in place.</p> |

Pipeline Failure Investigation Report

Region/State: _____

Reviewed by: _____

Principal Investigator: _____

Title: _____

Date: _____

Date: _____

Pipeline Failure Investigation Report

| Failure Location & Response | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------------|-------------------------|-------------------------|-------------------------|----------------|--------|--------------------|-----------------------|--|---------------|--------------------|-----------------------|--|--------------------|-------------------|---------------------|--|------------------|------------------|----------------------|--|--|--|---------------------|--|--|--|-----------------------|--|--|--|---------|--|
| Location (City, Township, Range, County/Parish): 13653 389 th Ave, Aberdeen, SD 57401, Brown County (Acquire Map) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address or M.P. on Pipeline: (1) | Type of Area (Rural, City): (1) Rural | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coordinates of failure location (Latitude): 45.408062 (Longitude): -98.453984 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: 12-03-2025 | Time of Failure: 08:57am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Detected: Called 09:11am; On-Scene 09:30am | Time Located: Emergency Locate 2533758079 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How Located: Brown County 911 dispatch called in location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NRC Report #: 1449410 (Attach Report) 1449575 updated report | Time Reported to NRC: 05:49pm | Reported by: Melissa Baruth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Pipeline: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Gas Distribution</td> <td style="width: 33%; text-align: center;">Gas Transmission</td> <td style="width: 33%; text-align: center;">Hazardous Liquid</td> <td style="width: 33%; text-align: center;">___ LNG</td> </tr> <tr> <td style="text-align: center;">___ LP</td> <td style="text-align: center;">___ Interstate Gas</td> <td style="text-align: center;">___ Interstate Liquid</td> <td></td> </tr> <tr> <td style="text-align: center;">___ Municipal</td> <td style="text-align: center;">___ Intrastate Gas</td> <td style="text-align: center;">___ Intrastate Liquid</td> <td></td> </tr> <tr> <td style="text-align: center;">_X_ Public Utility</td> <td style="text-align: center;">___ Gas Gathering</td> <td style="text-align: center;">___ Offshore Liquid</td> <td></td> </tr> <tr> <td style="text-align: center;">___ Master Meter</td> <td style="text-align: center;">___ Offshore Gas</td> <td style="text-align: center;">___ Liquid Gathering</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">___ Offshore Gas - High H₂S</td> <td style="text-align: center;">___ CO₂</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">___ Low Stress Liquid</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">___ HVL</td> <td></td> </tr> </table> | | | Gas Distribution | Gas Transmission | Hazardous Liquid | ___ LNG | ___ LP | ___ Interstate Gas | ___ Interstate Liquid | | ___ Municipal | ___ Intrastate Gas | ___ Intrastate Liquid | | _X_ Public Utility | ___ Gas Gathering | ___ Offshore Liquid | | ___ Master Meter | ___ Offshore Gas | ___ Liquid Gathering | | | ___ Offshore Gas - High H ₂ S | ___ CO ₂ | | | | ___ Low Stress Liquid | | | | ___ HVL | |
| Gas Distribution | Gas Transmission | Hazardous Liquid | ___ LNG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ LP | ___ Interstate Gas | ___ Interstate Liquid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ Municipal | ___ Intrastate Gas | ___ Intrastate Liquid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _X_ Public Utility | ___ Gas Gathering | ___ Offshore Liquid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ___ Master Meter | ___ Offshore Gas | ___ Liquid Gathering | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ___ Offshore Gas - High H ₂ S | ___ CO ₂ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ___ Low Stress Liquid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | ___ HVL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pipeline Configuration (Regulator Station, Pump Station, Pipeline, etc.): Accident location was on farm tap (regulator station) approximately 2.5miles north of regulating station on 1" farm tap. Regulator station served 2 non-adjacent customers. See Farm Tap Drawing. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Operator/Owner Information | |
|---|--|
| Owner: NorthWestern Energy Address: 3010 W 69 th St Sioux Falls, SD 57108 Company Official: Jason Merkel Phone No.: 406-443-8990 Fax No.: | Operator: same Address: Company Official: Jason Merkel Phone No. 406-443-8990 Fax No. |
| <div style="text-align: right;"><u>Drug and Alcohol Testing Program Contacts</u> _X_ N/A</div> Drug Program Contact & Phone: Alcohol Program Contact & Phone: | |

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| Damages | | | |
|---|--|--|--|
| Product/Gas Loss or Spill ⁽²⁾ 4.57 MMCF Amount Recovered Estimated Amount \$ 24,616 | Estimated Property Damage \$4,508 Associated Damages ⁽³⁾ \$24,686 Non-Operator property damage: \$2,000 | | |
| Description of Property Damage: Third party vehicle damage was estimated at \$2,000 on the police report. Cost of the farm tap damage was \$4,508; emergency response cost is estimated at \$24,686, and cost of gas loss is estimated at \$24,616 | | | |
| <div style="display: flex; justify-content: space-between;"> Customers out of Service: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number: 2 </div> <div style="display: flex; justify-content: space-between;"> Suppliers out of Service: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number: </div> | | | |

| Fatalities and Injuries | | | | | | ___ N/A |
|---|--------------|------------------|--------------|----------------|---------|---------|
| Fatalities: | ___ Yes | X No | Company: | Contractor: | Public: | |
| Injuries - Hospitalization: | ___ Yes | X No | Company: | Contractor: | Public: | |
| Injuries - Non-Hospitalization: | ___ Yes | X No | Company: | Contractor: | Public: | |
| Total Injuries (including Non-Hospitalization): | | | Company: | Contractor: | Public: | |
| Name | Job Function | Yrs. w/ Comp. | Yrs. Exp. | Type of Injury | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Drug/Alcohol Testing | | | | | 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? ___ Yes ___ 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

Pipeline Failure Investigation Report

| <i>System Description</i> |
|--|
| <p>Describe the Operator's System:</p> <p>Aberdeen system is fed from Northern Border Pipeline approximately 5 miles south of Aberdeen where there is a regulating station. Six-inch steel branch goes north towards Aberdeen and operates at approximately 610psig. Aberdeen system has varying operating pressures varying from 610psig to 20psig.</p> |

| <i>Pipe Failure Description</i> | | ___ <i>N/A</i> |
|---|---|----------------|
| Length of Failure (inches, feet, miles): 1" | | (1) |
| Position (Top, Bottom, include position on pipe, 6 O'clock): (1) Top | Description of Failure (Corrosion Gouge, Seam Split): (1) Welded joint split due to vehicle impact | |
| Laboratory Analysis: ___ Yes ___X___ No | | |
| Performed by: | | |
| Preservation of Failed Section or Component: ___X___ Yes ___ No | | |
| If Yes - Method: Chain of Custody form completed and farm tap pipe has been locked in box. | | |
| In Custody of: Risk Department has the key to locked box stored in warehouse (Huron, SD location). | | |
| 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> | | ___ <i>N/A</i> |
|---|------------|----------------|
| Component Failed: | Steel pipe | (1) |
| Manufacturer: | Model: | |
| Pressure Rating: | Size: 1" | |
| Other (Breakout Tank, Underground Storage): | | |

| <i>Pipe Data</i> | | ___ <i>N/A</i> |
|---|--------------------------------------|----------------|
| Material: Steel | Wall Thickness/SDR: 0.190 | |
| Diameter (O.D.): 1.328 | Installation Date: 1997 | |
| SMYS: unknown probably Schedule 80 pipe | Manufacturer: | |
| Longitudinal Seam: | Type of Coating: fusion bonded epoxy | |
| Pipe Specifications (API 5L, ASTM A53, etc.): SCH 80 pipe | | |

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

| <i>Pressure @ Time of Failure @ Failure Site</i> | | ___X___ <i>N/A</i> |
|--|---------------------------|--------------------|
| Pressure @ Failure Site: | Elevation @ Failure Site: | |

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

| Upstream Pump Station Data | | <u>X</u> 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: | |

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

| | |
|--|--|
| Operating Pressure _____ <i>N/A</i> | |
| Max. Allowable Operating Pressure: 710psig | Determination of MAOP: |
| Actual Operating Pressure: 610psig | |
| Method of Over Pressure Protection: Regulator / Relief setup | |
| Relief Valve Set Point: 675psig | Capacity Adequate? <u> X </u> Yes <u> </u> No |

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

| Soil/water Conditions @ Failure Site | | N/A |
|---|--|--|
| Condition of and Type of Soil around Failure Site (Color, Wet, Dry, Frost Depth): | | Frost approximately 12", wet, typically standing water at this location in non-winter conditions |
| Type of Backfill (Size and Description): | | soil |

4 Obtain event logs and pressure recording charts

Pipeline Failure Investigation Report

| Soil/water Conditions @ Failure Site | | ___ N/A |
|---|--|----------------|
| Type of Water (Salt, Brackish): N/A | Water Analysis ⁽⁵⁾ ___ Yes ___X___ No | |

| External Pipe or Component Examination | | ___ N/A |
|--|---|----------------|
| External Corrosion? ___ Yes ___X___ No ⁽¹⁾ | Coating Condition (Disbonded, Non-existent): ⁽¹⁾ Bonded, no defects | |
| Description of Corrosion: N/A | | |
| Description of Failure Surface (Gouges, Arc Burns, Wrinkle Bends, Cracks, Stress Cracks, Chevrons, Fracture Mode, Point of Origin): Failure occurred on welded joint at an elbow | | |
| Above Ground: ___ Yes ___X___ No ⁽¹⁾ | Buried: ___X___ Yes ___ No ⁽¹⁾ | |
| Stress Inducing Factors: Vehicle impact ⁽¹⁾ | Depth of Cover: 36" ⁽¹⁾ | |

| Cathodic Protection | | ___ N/A |
|--|----------------------------|----------------|
| P/S (Surface): -1.735v on 07-15-2025 | P/S (Interface): | |
| Soil Resistivity: _____ pH: _____ | Date of Installation: 1996 | |
| Method of Protection: Galvanic system with sacrificial anodes | | |
| 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): failure from vehicle impact | | |

| Internal Pipe or Component Examination | | ___ N/A |
|--|--|----------------|
| Internal Corrosion: ___ Yes ___X___ No ⁽¹⁾ | Injected Inhibitors: ___ Yes ___X___ No | |
| Type of Inhibitors: N/A | Testing: ___ Yes ___X___ No | |
| Results (Coupon Test, Corrosion Resistance Probe): N/A | | |
| Description of Failure Surface (MIC, Pitting, Wall Thinning, Chevrons, Fracture Mode, Point of Origin): No defects | | |
| | | |
| Cleaning Pig Program: ___ Yes ___X___ No | Gas and/or Liquid Analysis: ___ Yes ___X___ No | |

5 Attach copy of water analysis report

Pipeline Failure Investigation Report

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

| Outside Force Damage | | ___ <i>N/A</i> |
|---|--|----------------|
| Responsible Party: Amy Dunlavy | Telephone No.: 605-377-4134 | |
| Address: 13781 388 th Ave, Aberdeen, SD 57401 | | |
| Work Being Performed: Driving vehicle | | |
| Equipment Involved: Vehicle ⁽¹⁾ | Called One Call System? ___ Yes ___X___ No | |
| One Call Name: N/A | One Call Report # ⁽⁸⁾ N/A | |
| Notice Date: N/A | Time: | |
| Response Date: N/A | Time: | |
| Details of Response: Vehicle slid off icy road at approx. 8:57am and NorthWestern Energy technician was on site at approximately 9:30am. | | |
| Was Location Marked According to Procedures? ___ Yes ___ No <i>N/A</i> | | |
| Pipeline Marking Type: Sign ⁽¹⁾ | Location: On bollard in front of farm tap ⁽¹⁾ | |
| State Law Damage Prevention Program Followed? ___X___ Yes ___ No ___ No State Law | | |
| Notice Required: ___ Yes ___ No | Response Required: ___ Yes ___ No | |
| Was Operator Member of State One Call? ___X___ Yes ___ No | Was Operator on Site? ___ Yes ___X___ No | |
| Did a deficiency in the Public Awareness Program contribute to the accident? ___ Yes ___X___ No | | |
| Is OSHA Notification Required? ___ Yes ___X___ No | | |

| Natural Forces | <i>X___ 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

Pipeline Failure Investigation Report

| <i>Natural Forces</i> | <i>X</i> <u> </u> <i>N/A</i> |
|-----------------------|-------------------------------|
| | |

| <i>Failure Isolation</i> | | <u> </u> <i>N/A</i> |
|--|--|----------------------|
| Squeeze Off/Stopple Location and Method: (1) Underground valve operation at the farm tap | | |
| Valve Closed - Upstream: Farm Tap curb valve - yes Time: 6:33pm | I.D.: M.P.: | |
| Valve Closed - Downstream: N/A Time: | I.D.: M.P.: | |
| Pipeline Shutdown Method: <u> </u> <i>X</i> <u> </u> Manual <u> </u> Automatic <u> </u> SCADA <u> </u> Controller <u> </u> ESD | | |
| Failed Section Bypassed or Isolated: Isolated | | |
| Performed By: Lucas Nehlich – NWE Journey Technician | Valve Spacing: curb stop valve 10' from farm tap | |

| <i>Odorization</i> | | <u> </u> <i>N/A</i> | | | | | | | | | | | | | | | | | | |
|--|---|----------------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|
| Gas Odorized: <u> </u> <i>X</i> <u> </u> Yes <u> </u> No | Concentration of Odorant (Post Incident at Failure Site): 0.28% gas in air 12-15-2025 at approx. 09:30am | | | | | | | | | | | | | | | | | | | |
| Method of Determination: <u> </u> <i>X</i> <u> </u> Yes <u> </u> No CGI | % LEL: <u> </u> Yes <u> </u> <i>X</i> <u> </u> No % Gas In Air: <u> </u> <i>X</i> <u> </u> Yes <u> </u> No | | | | | | | | | | | | | | | | | | | |
| | Time Taken: <u> </u> <i>X</i> <u> </u> Yes <u> </u> No | | | | | | | | | | | | | | | | | | | |
| Was Odorizer Working Prior to the Incident? <u> </u> <i>X</i> <u> </u> Yes <u> </u> No | Type of Odorizer (Wick, By-Pass): Injection pump | | | | | | | | | | | | | | | | | | | |
| Odorant Manufacturer: YZ Model: 7300GE-00N-1A1 | Type of Odorant: Spotleak 1009 | | | | | | | | | | | | | | | | | | | |
| Amount Injected: 1.022cc/stroke | Monitoring Interval (Weekly): Quarterly | | | | | | | | | | | | | | | | | | | |
| Odorization History (Leaks Complaints, Low Odorant Levels, Monitoring Locations, Distances from Failure Site): Odorizer is 2 miles south of accident location. Odorant reads for the previous two years | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">0.35 % GAS IN AIR</td> <td>11/08/2023</td> </tr> <tr> <td>0.35 % GAS IN AIR</td> <td>02/07/2024</td> </tr> <tr> <td>0.36 % GAS IN AIR</td> <td>05/11/2024</td> </tr> <tr> <td>0.34 % GAS IN AIR</td> <td>08/15/2024</td> </tr> <tr> <td>0.33 % GAS IN AIR</td> <td>11/05/2024</td> </tr> <tr> <td>0.33 % GAS IN AIR</td> <td>02/13/2025</td> </tr> <tr> <td>0.35 % GAS IN AIR</td> <td>05/05/2025</td> </tr> <tr> <td>0.19 % GAS IN AIR</td> <td>08/20/2025</td> </tr> <tr> <td>0.32 % GAS IN AIR</td> <td>11/18/2025</td> </tr> </table> | | | 0.35 % GAS IN AIR | 11/08/2023 | 0.35 % GAS IN AIR | 02/07/2024 | 0.36 % GAS IN AIR | 05/11/2024 | 0.34 % GAS IN AIR | 08/15/2024 | 0.33 % GAS IN AIR | 11/05/2024 | 0.33 % GAS IN AIR | 02/13/2025 | 0.35 % GAS IN AIR | 05/05/2025 | 0.19 % GAS IN AIR | 08/20/2025 | 0.32 % GAS IN AIR | 11/18/2025 |
| 0.35 % GAS IN AIR | 11/08/2023 | | | | | | | | | | | | | | | | | | | |
| 0.35 % GAS IN AIR | 02/07/2024 | | | | | | | | | | | | | | | | | | | |
| 0.36 % GAS IN AIR | 05/11/2024 | | | | | | | | | | | | | | | | | | | |
| 0.34 % GAS IN AIR | 08/15/2024 | | | | | | | | | | | | | | | | | | | |
| 0.33 % GAS IN AIR | 11/05/2024 | | | | | | | | | | | | | | | | | | | |
| 0.33 % GAS IN AIR | 02/13/2025 | | | | | | | | | | | | | | | | | | | |
| 0.35 % GAS IN AIR | 05/05/2025 | | | | | | | | | | | | | | | | | | | |
| 0.19 % GAS IN AIR | 08/20/2025 | | | | | | | | | | | | | | | | | | | |
| 0.32 % GAS IN AIR | 11/18/2025 | | | | | | | | | | | | | | | | | | | |

| <i>Weather Conditions</i> | <u> </u> <i>N/A</i> |
|---------------------------|----------------------|
|---------------------------|----------------------|

Pipeline Failure Investigation Report

| Weather Conditions __ N/A | |
|---|--|
| Temperature: 5°F | Wind (Direction & Speed): 5-10mph N wind |
| Climate (Snow, Rain): Frigid, 10-20mph wind, mostly cloudy | Humidity: 76% |
| Was Incident preceded by a rapid weather change? __ Yes __X_ No | |
| Weather Conditions Prior to Incident (Cloud Cover, Ceiling Heights, Snow, Rain, Fog): Five days prior to incident there was snow in the area and the night before there was light snow and freezing rain. | |

| Gas Migration Survey __ N/A | |
|---|---------------------------------|
| Bar Hole Test of Area: __X_ Yes __ No | Equipment Used: Sensit Gold CGI |
| Method of Survey (Foundations, Curbs, Manholes, Driveways, Mains, Services) ⁽⁹⁾ Barholes with CGI ⁽¹⁾ | |
| See Barhole map. | |

| Environment Sensitivity Impact 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 |

| Class Location/High Consequence Area __ N/A | |
|---|---------------------------------|
| Class Location: 1 __X_ 2__ 3__ 4__ | HCA Area? __ Yes __ No __X_ N/A |
| Determination: | Determination: |
| Odorization Required? __X_ Yes __ No __ N/A | |

| Pressure Test History __ N/A (Expand List as Necessary) | | | | | | |
|--|---|-----------|-------------|--------------------|-------------------|--------|
| | Req'd ⁽¹⁰⁾ Assessment Deadline Date | Test Date | Test Medium | Pressure (psig) | Duration (hrs) | % SMYS |
| Installation | N/A | 10/9/1996 | Nitrogen | 2180 | 5 hours | NA |
| Next | | | | | | |
| Next | | | | | | |
| Most Recent | | | | | | |
| Describe any problems experienced during the pressure tests. (See pressure test information) | | | | | | |

| Internal Line Inspection/Other Assessment History X__ N/A (Expand List as Necessary) | |
|---|--|
|---|--|

9 Plot on site description page

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

Pipeline Failure Investigation Report

| Internal Line Inspection/Other Assessment History | | | | | 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 |
| 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 | __ N/A |
|--|---------------|
| Leak Survey History (Trend Analysis, Leak Plots): This segment of pipe has no recorded leaks during leak survey in the last 12 years (4 cycles). The leak survey plot is from the regulator station approx. 2 miles south of the accident site and another 3 miles north and east of the accident site; for a total of approximately 5 miles. | |

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

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

13 Obtain copies of maps and records

Pipeline Failure Investigation Report

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

| <i>Operator/Contractor Error</i> <u> X </u> <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? <u> </u> Yes <u> </u> No <u> </u> N/A | | | | |
| Was qualified individual suspended from performing covered task <u> </u> Yes <u> </u> No <u> </u> 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? <u> </u> Yes <u> </u> No | | | | |
| Was an Inspection conducted on this portion of the job? <u> </u> Yes <u> </u> 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 |
| | | | | |
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Pipeline Failure Investigation Report

| | |
|--|-------------------------|
| <i>Operator/Contractor Error</i> | <u> X </u> <i>N/A</i> |
| 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

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):

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:

Pipeline Failure Investigation Report

| <i>Additional Information Sources</i> | | | |
|---------------------------------------|--|-----------------------|----------------|
| Agency | Name | Title | Phone Number |
| Police: | Austin Ball, Brown Co. Sheriff Deputy | Officer # 3A18 | Unknown |
| Fire Dept.: | | | |
| State Fire Marshall: | | | |
| State Agency: | | | |
| NTSB: | | | |
| EPA: | | | |
| USCG: | | | |
| FBI: | | | |
| ATF: | | | |
| OSHA: | | | |
| Insurance Co.: | | | |
| FRA: | | | |
| MMS: | | | |
| Television: | | | |
| Newspaper: | | | |
| Other: | | | |
| <i>Persons Interviewed</i> | | | |
| Name | Title | Phone Number | |
| Melissa Baruth | Superintendent Gas System Integrity | 605-353-7462 | |
| Mark Hallenbeck | Lead Journey Gas Tech | 605-228-6206 | |
| Travis VanDyke | Combo 1104 Welder | 605-695-4154 | |
| Brent Doucett | Foreman West Line | 406-497-2691 | |
| Patrick Duncan | Craftsman 1st Class Welder | 406-497-2690 | |
| Josh Riley | Patrolman Operator | 406-497-2690 | |
| Hoyt Gibson | Patrolman Operator | 406-497-2690 | |
| Mark Doll | Construction Supervisor | | |
| | | | |
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Pipeline Failure Investigation Report

[illegible]

Pipeline Failure Investigation Report

| <i>Investigation Contact Log</i> | | | |
|----------------------------------|------|------|-------------|
| Time | Date | Name | Description |
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| <i>Failure Investigation Documentation Log</i> | | | | | |
|--|---------------------------|----------|--------|-------|----|
| Operator: | | Unit #: | CPF #: | Date: | |
| Appendix | Documentation Description | Date | | FOIA | |
| Number | | Received | | Yes | No |
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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.