

Pipeline Failure Investigation Report

Pipeline System: <u>Distribution</u>	Operator: <u>NorthWestern Energy</u>	
Operator ID: <u>31632</u>	Unit Number: _____	Activity Number: _____
Location: <u>13653 389th Ave, Aberdeen, SD 57401</u>	Date of Occurrence: <u>12-03-2025</u>	
Material Released: <u>Natural Gas</u>	Quantity: <u>4.57 MMCF</u>	
PHMSA Arrival Time & Date: <u>N/A</u>	Total Damages \$: <u>\$55,810</u>	
Investigation Responsibility: <u><input checked="" type="checkbox"/> State</u> <u><input type="checkbox"/> PHMSA</u> <u><input type="checkbox"/> NTSB</u> <u><input type="checkbox"/> Other</u>		

Company Reported Apparent Cause:		Company Reported Sub-Cause (from PHMSA Form 7000-1/7100.2):
<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		

Accident/Incident Resulted in (check all that apply):		Comments:
<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>

Narrative Summary

Short summary of the Incident/Accident scenario

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.

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.

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.

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.

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.

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): 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-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 5px;">Gas Distribution</td> <td style="width: 33%; text-align: center; padding: 5px;">Gas Transmission</td> <td style="width: 33%; text-align: center; padding: 5px;">Hazardous Liquid</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> LP</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Interstate Gas</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Interstate Liquid</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Municipal</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Intrastate Gas</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Intrastate Liquid</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input checked="" type="checkbox"/> Public Utility</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Gas Gathering</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Offshore Liquid</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Master Meter</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Offshore Gas</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Liquid Gathering</td> </tr> <tr> <td></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Offshore Gas - High H₂S</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> CO₂</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Low Stress Liquid</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> HVL</td> </tr> </table>			Gas Distribution	Gas Transmission	Hazardous Liquid	<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
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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	Operator: same Address:	
Company Official: Jason Merkel Phone No.: 406-443-8990 Fax No.:	Company Official: Jason Merkel Phone No. 406-443-8990 Fax No.	
<u>Drug and Alcohol Testing Program Contacts</u>		<input checked="" type="checkbox"/> N/A
Drug Program Contact & Phone:		
Alcohol Program Contact & Phone:		

1 Photo documentation

Pipeline Failure Investigation Report

Damages		
Product/Gas Loss or Spill ⁽²⁾	4.57 MMCF	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		
Customers out of Service: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Suppliers out of Service: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number: 2 Number:

Fatalities and Injuries						<u> </u> N/A
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):	Company:					Contractor: Public:
Name	Job Function			Yrs. w/ Comp.	Yrs. Exp.	Type of Injury

Drug/Alcohol Testing						<u> </u> 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			

System Description

2 Initial volume lost or spilled

3 Including cleanup cost

Pipeline Failure Investigation Report

System Description
Describe the Operator's System: 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.

Pipe Failure Description		<u> </u> N/A
Length of Failure (inches, feet, miles):	1"	(1)
Position (Top, Bottom, include position on pipe, 6 O'clock):	Top	Description of Failure (Corrosion Gouge, Seam Split):
		(1) Welded joint split due to vehicle impact
Laboratory Analysis: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Performed by:		
Preservation of Failed Section or Component: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.		

Component Failure Description		<u> </u> N/A
Component Failed:	Steel pipe	(1)
Manufacturer:	Model:	
Pressure Rating:	Size: 1"	
Other (Breakout Tank, Underground Storage):		

Pipe Data		<u> </u> N/A
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		

Joining		<u> </u> N/A
Type: Weld	Procedure: Weld	
NDT Method: N/A	Inspected: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Pressure @ Time of Failure @ Failure Site		<u> </u> X N/A
Pressure @ Failure Site:	Elevation @ Failure Site:	

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

Upstream Pump Station Data		<u><input type="checkbox"/></u> <u>N/A</u>
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><input type="checkbox"/></u> <u>N/A</u>
Specific Gravity:	Flow Rate:	
Pressure @ Time of Failure ⁽⁴⁾	Distance to Failure Site:	
High Pressure Set Point:	Low Pressure Set Point:	

Operating Pressure		<u><input type="checkbox"/></u> <u>N/A</u>
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><input type="checkbox"/></u> Yes <u><input checked="" type="checkbox"/></u> No

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

Soil/water Conditions @ Failure Site		<u><input type="checkbox"/></u> <u>N/A</u>
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			<u> </u> N/A
Type of Water (Salt, Brackish): N/A	Water Analysis ⁽⁵⁾	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

External Pipe or Component Examination			<u> </u> N/A
External Corrosion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(1)	Buried: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(1)
Stress Inducing Factors: Vehicle impact	(1)	Depth of Cover: 36"	(1)

Cathodic Protection			<u> </u> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
How Discovered? (Close Interval Survey, Instrumented Pig, Annual Survey, Rectifier Readings, ECDA, etc): failure from vehicle impact			

Internal Pipe or Component Examination			<u> </u> N/A
Internal Corrosion: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(1)	Injected Inhibitors: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Type of Inhibitors: N/A		Testing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Gas and/or Liquid Analysis: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

5 Attach copy of water analysis report

Pipeline Failure Investigation Report

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

<i>Outside Force Damage</i>		<u><i>N/A</i></u>
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
One Call Name: N/A		One Call Report # ⁽⁸⁾ <u>N/A</u>
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? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A		
Pipeline Marking Type: Sign		⁽¹⁾ Location: On bollard in front of farm tap
State Law Damage Prevention Program Followed? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Operator on Site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Did a deficiency in the Public Awareness Program contribute to the accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is OSHA Notification Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<i>Natural Forces</i>		<u><i>X</i></u> <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

Pipeline Failure Investigation Report

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

<i>Failure Isolation</i>		<u>N/A</u>
Squeeze Off/Stopple Location and Method:		(1)
Underground valve operation at the farm tap		
Valve Closed - Upstream: Farm Tap curb valve - yes	I.D.:	
Time: 6:33pm	M.P.:	
Valve Closed - Downstream: N/A	I.D.:	
Time:	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: Lucas Nehlich – NWE Journey Technician	Valve Spacing: curb stop valve 10' from farm tap	

<i>Odorization</i>		<u>N/A</u>		
Gas Odorized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Concentration of Odorant (Post Incident at Failure Site): 0.28% gas in air 12-15-2025 at approx. 09:30am			
Method of Determination: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No CGI	% LEL: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	% Gas In Air: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Time Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Odorizer Working Prior to the Incident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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				
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>N/A</u>

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Weather Conditions		<u> </u> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		<u> </u> N/A
Bar Hole Test of Area: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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		<input checked="" type="checkbox"/> N/A
Location (Nearest Rivers, Body of Water, Marshlands, Wildlife Refuge, City Water Supplies that could be or were affected ⁽¹⁾ by the medium loss):		
OPA Contingency Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Followed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Pressure Test History (Expand List as Necessary)							<u> </u> N/A
	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 (Expand List as Necessary)		<input checked="" type="checkbox"/> N/A
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9 Plot on site description page

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

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Internal Line Inspection/Other Assessment History (Expand List as Necessary)					X <u>N/A</u>
	Req'd ⁽¹⁰⁾ Assessment Deadline Date	Assessment Date	Type of ILI Tool ⁽¹¹⁾	Other Assessment Method ⁽¹²⁾	Indicated Anomaly If yes, describe below
Initial					<input type="checkbox"/> Yes <input type="checkbox"/> No
Next					<input type="checkbox"/> Yes <input type="checkbox"/> No
Next					<input type="checkbox"/> Yes <input type="checkbox"/> No
Most Recent					<input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>N/A</u>
Was there a known pre-failure condition requiring ⁽¹⁰⁾ the operator to schedule evaluation and remediation? <input type="checkbox"/> Yes (describe below or on attachment) <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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⁾ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

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<i>Pipeline Operation History</i>		<u><i>X</i></u> <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>		<u><i>X</i></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? <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				
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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<i>Operator/Contractor Error</i>	<u><i>X</i></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:	

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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):

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	
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Camera Type:			

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Additional Information Sources			
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:			
Persons Interviewed			
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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<i>Site Description</i>
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.