

# Released From Confidential Status

**Case Number: 07-478-GA-UNC**

**Date: 11/16/2007**

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Technician Sm Date Processed 11/16/07

Ohio Consumers' Counsel  
Third Set Production of Documents  
Duke Energy Ohio, Inc.  
PUCO Case No. 07-589-GA-AIR  
PUCO Case No. 07-590-GA-ALT  
PUCO Case No. 07-591-GA-AAM  
Date Received: August 14, 2007  
Response Due: September 4, 2007

OCC-POD-03-027

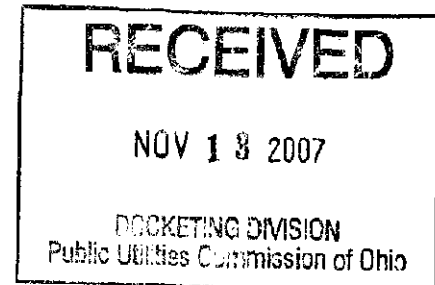
**REQUEST:**

27. Please provide copies of all workpapers, data, source documents, and/or other information DE-Ohio relied upon in responding to OCC Interrogatory No. 51 pertaining to the reportable incidents related to the repair or replacement of defective or prone to leak natural gas risers over the past 5, 10, and 20 years.

**RESPONSE:**

See Attachment OCC-POD-03-027.

**WITNESS RESPONSIBLE:** Gary J. Hebbeler



December 12, 2001

Information Resources Manager (DPS-34)  
Office of Pipeline Safety  
Research and Special Programs Administration  
U.S. Department of Transportation  
Room 7128  
400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Sir or Madam:

**Reference: Pipeline Safety Incident - Fire; 1278 McGuffey Lane, Clermont County, Ohio  
Report I.D. 525231**

This letter is to update your files regarding the telephonic notice you received on April 6, 2000. This is in reference to the explosion that occurred at 1278 McGuffey Ln. in Clermont County, Ohio.

This incident is reportable as prescribed under 49 CFR 191.3 and 191.5. The property damage exceeded the level specified by the Rules.

Enclosed is the final Incident Report for Gas Distribution Systems, Form RSPA F 7100.1 regarding this incident.

This will be the final correspondence that you will receive regarding this incident. If you have any questions, I may be contacted at (513) 287-3921.

Sincerely,

THE CINCINNATI GAS & ELECTRIC COMPANY

Randall L. Suttles  
Regulatory Compliance Specialist  
Gas Operations Department

Enclosure

cc: file

December 12, 2001

Mr. Edward M. Steele  
Chief, Gas Pipeline Safety Section  
The Public Utilities Commission of Ohio  
The Borden Building, 7<sup>th</sup> Floor  
180 East Broad Street  
Columbus, Ohio 43215-3793

Dear Mr. Steele:

**Reference: Pipeline Safety Incident – Fire; 1278 McGuffey Lane, Clermont County, Ohio  
D.O.T. Report I.D. 525231**

This letter is to update your files regarding the telephonic notice you received on April 1, 2000 regarding the fire that occurred at 1278 McGuffey Ln. Clermont County, Ohio.

This incident is reportable to the State of Ohio as prescribed under OAC 4901:1-16 and the Department of Transportation as prescribed under 49 CFR 191.3 and 191.5. The property damage exceeded the level specified by the Rules.

Cinergy is required to submit a final report stating the cause of the incident and the actions taken to minimize the possibility of a recurrence of such an incident. As for the cause of the incident, Cinergy has determined it to be inconclusive. Please refer to the DOT Final Report form 7100.1 in Part 3. As for the actions taken, please refer to the Final Stipulation and Recommendation and The Final Corrective Action Plan, which both the Public Utilities Commission of Ohio has approved.

Enclosed is the final Incident Report for Gas Distribution Systems, Form RSPA F 7100.1 regarding this incident.

This will be the final correspondence that you will receive regarding this incident. If you have any questions, I may be contacted at (513) 287-3921.

Sincerely,

THE CINCINNATI GAS & ELECTRIC COMPANY

Randall L. Suttles  
Regulatory Compliance Specialist  
Gas Operations Department

Enclosure

cc: file



U.S. Department of Transportation  
Research and Special Programs  
Administration

# INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

Report Date  
04/27/00

"Final Report"

No. 525231

(RSPA)

## PART 1 - GENERAL REPORT INFORMATION

1. a. Operator's 5 digit Identification Number  
1 0 1 2 3 1 6 1 4 1
- b. Name of Operator Cincinnati Gas & Electric Company
- c. 139 East Fourth Street  
Number and Street
- d. Cincinnati, Hamilton, Ohio 45202  
City, County, State and Zip Code
2. Location of Incident  
a. 1278 McGuffey Lane  
Number and Street  
B Batavia, Clermont County  
City and County  
c. Ohio 45238  
State and Zip Code  
d. Class location ☐ 1 ☐ 2 ☐ 3 ☐ 4  
e. Incident on Federal land ☐ Yes ☐ No
3. Time and date of incident  
10/5/11/11 hr. 10/4/ mo. 10/1/ day 10/0/ yr.

## "SEE INSTRUCTIONS"

4. Reason for reporting  
☐ Fatality Number      /      /      per  
☐ Injury requiring inpatient hospitalization Number      /      /      pers  
☐ Property damage/loss Estimate \$ 250,000  
☐ Operator judgment/emergency action  
☐ Supplemental Report
5. Elapsed time until area was made safe      /      /      hr. /      /      /      min.
6. Telephone Report  
10/4/ mo. 10/8/ day 10/0/ yr.
7. a. Estimated pressure at point and time of incident (PSI)  
50  
b. Maximum allowable operating pressure MAOP (PSIG)  
60  
c. MAOP established by:  
(1) Test pressure      (PSIG)  
(2) 49 CFR § 192.619 (a)(3) ☐

## PART 2 - APPARENT CAUSE

- ☐ Corrosion (Continue in Part A) ☐ Damage by Outside Forces (Continue in Part B) ☐ Construction/Operating error (Continue in Part C) ☐ Other under investigation
- ☐ Accidentally caused by operator (Continue in Parts B and/or C)

## PART 3 - NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE INCIDENT

(Attach additional sheet(s) as necessary)

Explosion still under investigation.

## PART 4 - ORIGIN OF THE INCIDENT

1. Part of system where incident occurred  
☐ Main ☐ Meter Set Assembly  
☐ Service Line ☐ Other
3. Material involved:  
☐ Steel ☐ Cast iron  
☐ Polyethylene plastic ☐ Other plastic:       
☐ Other       
Nominal pipe size (NPS)      in. Wall thickness      in.  
4. Specification Manufacturer      Yr Manufactured      /      /      Yr Installed      /      /
2. Component which failed  
a. Part  
☐ Body of pipe ☐ Valve  
☐ Joint type ☐ Regulator/meter  
☐ Fitting ☐ Weld/Specify       
(girth, longitudinal,  
☐ Drip/Riser ☐ Other

## PART 5 - ENVIRONMENT

- Area of Incident  
☐ Within/Under bldg ☐ Under pavement ☐ Above ground ☐ Under ground or Under water ☐ Other

## PART 6 - PREPARER AND AUTHORIZED SIGNATURE

Randall L. Suttles / Regulatory Compliance Specialist  
(type or print) Preparer's Name and Title

513 / 267-3921

Area Code and Telephone Num

Authorized Signature

513 / 287-2752

Area Code and Telephone Number

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Form RSPA F 7100.1 (3-84)

October 4, 2004

Information Resources Manager (DPS-34)  
Office of Pipeline Safety  
Research and Special Programs Administration  
U.S. Department of Transportation  
Room 2103  
400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Sir or Madam:

**Reference: Final Report; Pipeline Safety Incident Explosion;  
6955 Lakota Ridge Dr. Liberty Township, Ohio  
Report I.D. 625073**

This letter is to update your files regarding the telephonic notice you received on October 6, 2002. This is in reference to the explosion that occurred at 6955 Lakota Ridge Dr. Liberty Twp., Ohio.

This incident is reportable as prescribed under 49 CFR 191.3 and 191.5. Estimated property damage exceeded \$50,000.

Enclosed is the final Incident Report for Gas Distribution Systems, Form RSPA F 7100.1 regarding this incident.

This will be the final correspondence that you will receive regarding this incident. If you have any questions, I may be contacted at (513) 287-3921..

Sincerely,

THE CINCINNATI GAS & ELECTRIC COMPANY

Randall L. Suttles  
Regulatory Compliance Specialist  
Gas Operations Department

Enclosure

October 4, 2004

Mr. Edward M. Steele  
Chief, Gas Pipeline Safety Section  
The Public Utilities Commission of Ohio  
The Borden Building, 7<sup>th</sup> Floor  
180 East Broad Street  
Columbus, Ohio 43215-3793

Dear Mr. Steele:

**Reference: Final Report; Pipeline Safety Incident Explosion;  
6955 Lakota Ridge Dr. Liberty Township, Ohio  
Report I.D. 625073**

This letter is to update your files regarding the telephonic notice you received on October 6, 2002. This is in reference to the explosion that occurred at 6955 Lakota Ridge Dr. Liberty Twp., Ohio.

This incident is reportable as prescribed under 49 CFR 191.3 and 191.5. Estimated property damage exceeded \$50,000.

Enclosed is the final Incident Report for Gas Distribution Systems, Form RSPA F 7100.1 regarding this incident.

Cinergy is required to submit a final report stating the cause of the incident and the actions taken to minimize the possibility of a recurrence of such an incident. As for the cause of the incident, Cinergy has determined it to be inconclusive. Please refer to the DOT Final Report form 7100.1 in Part 3. As for the actions taken, please refer to the Final Stipulation and Recommendation and The Final Corrective Action Plan, which both the Public Utilities Commission of Ohio has approved.

Should you have any questions in the interim, I may be contacted at 513-287-3921.

Sincerely,

THE CINCINNATI GAS & ELECTRIC COMPANY

Randall L. Suttles  
Regulatory Compliance Specialist  
Gas Operations Department

Enclosure



NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed \$1,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$200,000 as provided in 49 USC 1676. Form Approved OMB No. 2137-0522

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM		Report Date
Final Report		10/4/2004
U.S. Department of Transportation Research and Special Programs Administration		625073 (RSPA)
<b>PART 1 - GENERAL REPORT INFORMATION</b>		
<b>"SEE INSTRUCTIONS"</b>		
1. a. Operator's 5 digit Identification Number 1 0 / 2 / 3 / 6 / 4 /	4. Reason for reporting <input type="checkbox"/> Fatality Number / / / / persons <input type="checkbox"/> Injury requiring inpatient hospitalization Number / / / / persons <input type="checkbox"/> Property damage/loss Estimate \$ _____ <input type="checkbox"/> Operator judgment/emergency action Supplemental Report	
b. Name of Operator Cincinnati Gas & Electric Company		
c. 139 East Fourth Street Number and Street		
d. Cincinnati, Hamilton, Ohio 45202 City, County, State and Zip Code		
2. Location of incident		
a. 6955 Lakota Ridge Drive Number and Street		
b. Liberty Twp.; Butler County City and County		
c. Ohio 45011 State and Zip Code		
d. Class location <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	5. Elapsed time until area was made safe / / hr. / / min.	
e. Incident on Federal land <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Telephone Report / / / mo. / / / day / / / yr.	
3. Time and date of incident / 0 / 8 / 1 / 3 / hr. / 1 / 0 / mo. / 0 / 6 / day / 0 / 2 / yr.	7. a. Estimated pressure at point and time of incident (PSIG) _____ b. Maximum allowable operating pressure (MAOP) (PSIG) _____ c. MAOP established by: (1) Test pressure (PSIG) _____ (2) 49 CFR § 192.619 (a)(3) <input type="checkbox"/>	
<b>PART 2 - APPARENT CAUSE</b>		
<input type="checkbox"/> Corrosion (Continue in Part A) <input type="checkbox"/> Damage by Outside Forces (Continue in Part B) <input type="checkbox"/> Construction/Operating error (Continue in Part C) <input checked="" type="checkbox"/> Other Inconclusive		
<input type="checkbox"/> Accidentally caused by operator (Continue in Parts B and/or C)		
<b>PART 3 - NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE INCIDENT</b> (Attach additional sheet(s) as necessary)		
Various factors possibly contributed to the cause of the incident. Inspection, testing, and review of records available to CG&E to date fail to identify the specific contributing factors.		
<b>PART 4 - ORIGIN OF THE INCIDENT</b>		
1. Part of system where incident occurred <input type="checkbox"/> Main <input type="checkbox"/> Meter Set Assembly <input type="checkbox"/> Service Line <input type="checkbox"/> Other _____	2. Component which failed a. Part <input type="checkbox"/> Body of pipe <input type="checkbox"/> Valve <input type="checkbox"/> Joint type <input type="checkbox"/> Regulator/meter <input type="checkbox"/> Fitting <input type="checkbox"/> Weld (Specify) _____ (girth, longitudinal, fillet) <input type="checkbox"/> Drip/Riser <input type="checkbox"/> Other _____	
3. Material involved: <input type="checkbox"/> Steel <input type="checkbox"/> Cast iron <input type="checkbox"/> Polyethylene plastic <input type="checkbox"/> Other plastic: _____ <input type="checkbox"/> Other _____	Nominal pipe size (NPS) / / / in. Wall thickness / / / in.	
4. Specification _____ Manufacturer _____	Yr Manufactured / / / Yr Installed / / /	
<b>PART 5 - ENVIRONMENT</b>		
Area of Incident <input type="checkbox"/> Within/Under bldg <input type="checkbox"/> Under pavement <input type="checkbox"/> Above ground <input type="checkbox"/> Under ground or Under water <input checked="" type="checkbox"/> Other The fitting was installed above ground while the damage event was in the building.		
<b>PART 6 - PREPARER AND AUTHORIZED SIGNATURE</b>		
Randall L. Suttles/ Regulatory Compliance Specialist (Type or print) Preparer's Name and Title		513/287-3921 Area Code and Telephone Number
_____ Authorized Signature		_____ Date
_____ Area Code and Telephone Number		_____ Area Code and Telephone Number

#### PART A - CORROSION

1. Where did the corrosion occur?  
☐ Internally  
  
☐ Externally
2. Visual Description  
☐ Localized pitting  
☐ General corrosion  
☐ Other \_\_\_\_\_
3. Cause  
☐ Galvanic  
  
☐ Other \_\_\_\_\_
4. Pipe coating information  
☐ Bare ☐ Coated
5. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?  
☐ Yes Year protection started      /      /       
☐ No
6. Additional Information:  
  
N/A

#### PART B - DAMAGE BY OUTSIDE FORCES

1. Primary cause of incident  
☐ Damage resulted from action of operator or his agent.  
☐ Damage resulted from action by outside party/third party.  
☐ Damage by earth movement  
☐ Subsidence  
☐ Landslide/washout  
☐ Frost  
☐ Other \_\_\_\_\_  
☐ Damage by lightning or fire
2. Locating information (for damage resulting from action of outside party/third party)
  - a. Did operator get prior notification that equipment would be used in the area?  
☐ Yes Date received      /      /      mo.      /      /      day      /      /      yr.  
☐ No
  - b. Was pipeline location marked either as a result of notification or by markers already in place?  
☐ Yes ☐ Permanent markers ☐ Temporary stakes ☐ Other \_\_\_\_\_  
☐ No
  - c. Does statute or ordinance require the outside party to determine whether underground facility (ies) exist?  
☐ Yes  
☐ No
3. Additional Information:  
  
See part D

#### PART C - CONSTRUCTION DEFECT

1. Cause  
☐ Poor workmanship during construction  
☐ Physical damage during construction  
☐ Operating procedure inappropriate  
☐ Error in operating procedure application  
☐ Other \_\_\_\_\_
2. Additional Information:  
  
See part D

#### PART D - OTHER

Brief Description:  
Various factors possibly contributed to the cause of the incident; the cause believed to be a riser failure. These possible factors include, but are not limited to, manufacturing or design defect; deficiencies in manufacturers instructions, acts of God (i.e., extreme weather conditions; and, installation.)