

Saratoga Springs, Utah
Natural Gas Explosion
February 06, 2007

Appendix # 10

PHMSA 30 Day Report

Report Date: March 08,2007
No: 20070044 – 1680
Operator's Identification Number 12876

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

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

Report Date Mar 08 2007
No. 20070044 - 1880
(DOT Use Only)

INSTRUCTIONS

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office Of Pipeline Safety Web Page at .

PART A - GENERAL REPORT INFORMATION Check: Original Report Supplemental Report Final Report

1. Operator Name and Address

- a. Operator's 5-digit Identification Number 12876
- b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number _____
- c. Name of Operator QUESTAR GAS COMPANY
- d. Operator street address PO BOX 45360
- e. Operator address SALT LAKE CITY SALT LAKE UT 84145
City, County or Parish, State and Zip Code

2. Time and date of the incident

1615 hr. 02/06/2007 month day year

3. Incident Location

- a. 682 NORTH BADGER LANE
Street or nearest street or road
- b. SARATOGA SPRINGS UTAH
City and County or Parish
- c. UT 84043
State and Zip Code
- d. Latitude: 40.37463 Longitude: -111.93967
(if not available, see instructions for how to provide specific location)

- e. Class location description
 Class 1 Class 2 Class 3 Class 4
- f. Incident on Federal Land Yes No

4. Type of leak or rupture

- Leak Pinhole Connection Failure (complete sec. #5)
 Puncture, diameter or cross section (inches) _____
- Rupture (if applicable):
 Circumferential - Separation
 Longitudinal
- Tear/ Crack, length (inches) _____
- Propagation Length, total, both sides (feet) _____
- N/A
- Other: _____

5. Consequences (check and complete all that apply)

- a. Fatality Total number of people: 2
Employees: 1 General Public: 1
Non-employee Contractors: 0
- b. Injury requiring inpatient hospitalization
Total number of people: 0
Employees: 0 General Public: 0
Non-employee Contractors: 0
- c. Property damage/ loss (estimated) Total \$ 206036
Gas loss \$ 46 Operator damage \$ 5990
Public private property damage \$ 200000
- d. Gas ignited Explosion No Explosion
- e. Gas did not ignite Explosion No Explosion
- f. Evacuation (general public only) 2 people
Evacuation Reason:
 Unknown
 Emergency worker or public official ordered, precautionary
 Threat to the public
 Company policy

6. Elapsed time until area was made safe:

16 hr. 45 min.

7. Telephone Report

825728 02/06/2007
NRC Report Number month day year

8. a. Estimated pressure at point and time of incident:

45 PSIG

b. Max. allowable operating pressure (MAOP): 60 PSIG

c. MAOP established by:

- Test Pressure 100 psig
- 49 CFR § 192.619 (a)(3)

PART B - PREPARER AND AUTHORIZED SIGNATURE

TROY D. SORENSEN
(type or print) Preparer's Name and Title

8013243152
Area Code and Telephone Number

TROY.SORENSEN@QUESTAR.COM
Preparer's E-mail Address

8013243816
Area Code and Facsimile Number

(type or print) Name and Title

Area Code and Telephone Number

F5 - MATERIAL OR WELDS

Material

14. Body of Pipe ⇒ Dent Gouge Wrinkle Bend Arc Burn Other: _____
15. Component ⇒ Valve Fitting Vessel Extruded Outlet Other: _____
16. Joint ⇒ Gasket O-Ring Threads Fusion Other: _____

Weld

17. Butt ⇒ Pipe Fabrication Other: _____
18. Fillet ⇒ Branch Hot Tap Fitting Repair Sleeve Other: _____
19. Pipe Seam ⇒ LF ERW DSAW Seamless Flash Weld Other: _____
 HF ERW SAW Spiral

Complete a-f if you indicate any cause in part F5.

- a. Type of failure:
 Construction Defect ⇒ Poor Workmanship Procedure not followed Poor Construction Procedures
 Material Defect
- b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? Yes No
- c. Was part which leaked pressure tested before incident occurred? Yes, complete d-f, if known No
- d. Date of test: //
- e. Time held at test pressure: _____ hr.
- f. Estimated test pressure at point of incident: _____ PSIG

F6 - EQUIPMENT OR OPERATIONS

20. Malfunction of Control /Relief Equipment ⇒ Valve Instrumentation Pressure Regulator Other: _____
21. Threads Stripped, Broken Pipe Coupling ⇒ Nipples Valve Threads Mechanical Couplings Other: _____

22. Leaking Seals

23. Incorrect Operation

- a. Type: Inadequate Procedures Inadequate Safety Practices Failure to Follow Procedures Other: _____
- b. Number of employees involved in incident who failed post-incident drug test: _____ Alcohol test: _____
- c. Was person involved in incident qualified per OQ rule? Yes No
- d. Hours on duty for person involved: _____

F7 - OTHER

24. Miscellaneous, describe: _____
25. Unknown
 Investigation Complete Still Under Investigation (submit a supplemental report when investigation is complete)

PART G - NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT: (Attach additional sheets as necessary)

AT SOME POINT PRIOR TO 13:00 HOURS ON FEBRUARY 6, 2007 (AND FOR THE SECOND TIME IN TWO DAYS) S&E CABLE FAILED TO EXCAVATE WITH HAND TOOLS A PROPERLY MARKED NATURAL GAS LINE IN VIOLATION OF UTAH CODE ANNOTATED §54-8A-2 ET. SEQ. AS A RESULT, S&E CABLE STRUCK A 2" POLYETHYLENE PLASTIC NATURAL GAS MAIN WITH A BORING MISSILE. QUESTAR GAS COMPANY WAS CONTACTED, RESPONDED TO THE THIRD PARTY DAMAGE, EVACUATED TWO HOMES, (TWO PEOPLE TOTAL), SECURED AND REPAIRED THE LINE. WHILE IN THE PROCESS OF CLEARING THE HOME, AN EXPLOSION OCCURRED RESULTING IN TWO FATALITIES AS WELL AS A TOTAL LOSS OF THE HOME LOCATED AT 682 NORTH BADGER LANE, SARATOGA SPRINGS, UTAH.

QGC00342