



**INCIDENT REPORT –
GAS TRANSMISSION AND
GATHERING SYSTEMS**

Original
Report Date

August 02, 2005

U.S Department of Transportation
Pipeline and Hazardous Materials
Safety Administration

Report format corresponds to
Form PHMSA F 7100.2 (01-2002)

No.

20050082 - 1805

PART A – GENERAL INFORMATION

N	Original Report	Y	Supplemental Report	Y	Final Report
Last revision Date			02/22/2006		
1. Operator Name and Address					
a. Operator's 5-digit Identification Number			18484		
b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number (when known)					
c. Name of Operator			SOUTHERN CALIFORNIA GAS COMPANY		
d. Operator street address			555 W FIFT ST		
e. Operator address			City	LOS ANGELES	
			County or Parish	LOS ANGELES	
			State	CA	
			Zip code	90013	
2. Time and date of the incident					
			Hour	11:34	
			Date of the incident	06/29/2005	
3. Location of incident					
a. Street or nearest street or road			11832 DARLING RD		
b. City			VENTURA		
			County or Parish	VENTURA	
c. State			CA		
			Zip Code		
d. Mile Post/Valve Station			MP #12.34		
e. Survey Station No					
f. Latitude			34.29293		
			Longitude	119.14254	
g. Class location description					
Onshore (Class Location)			1		
Offshore			N		
Area					
Block #					
State					
Outer Continental Shelf					
h. Accident on Federal Land other than Outer Continental Shelf			N		
i. Is pipeline Interstate			N		
4. Type of leak or rupture					
Leak or Rupture			LEAK		
Type of Leak			PUNCTURE		
- Puncture, diameter			(inches)	3	
Type of Rupture					
- Tear/Crack, length			(inches)		
- Propagation Length, total, both sides			(feet)		
Other (specify)					
5. Consequences					
a. Fatality			No		
Total number of people			0		
Employees			0		
General Public			0		
Non-employee Contractors			0		
b. Injury requiring inpatient hospitalization			No		

Total number of people	0
Employees	0
General Public	0
Non-employee Contractors	0
c. Property damage/loss (estimated)	Yes
Total	\$ 70,000
Gas loss	\$ 10,000
Operator damage	\$ 60,000
Public/private property damage	\$ 0
d. Release Occurred in a 'High Consequence Area'	N
e. Gas Ignited / Gas did not ignite	Gas did not Ignite
f. Explosion / No Explosion	NO EXPLOSION
g. Evacuation (<i>general public only</i>)	N
Number of people	0
Evacuation Reason	
6. Elapsed time until area was made safe	
Hours	0
Minutes	26
7. Telephone Report	
NRC Report Number	763875
Date	06/29/2005
8. Pressure	
a. Estimated pressure at point and time of incident (PSIG)	625.00
b. Max. allowable operating pressure (MAOP) (PSIG)	780.00
c. MAOP established by 49 CFR section	49 CFR 192.619(c)
d. Did an over pressurization occur relating to the incident?	N
PART B – PREPARER AND AUTHORIZED SIGNATURE	
Preparer's Name	W. JEFF KOSKIE
Preparer's Title	
Area Code and Telephone Number	2132443283
Preparer's E-mail Address	WKOSKIE@SEMPRAUTILITIES.COM
Area Code and Facsimile Number	2132448155
PART C – ORIGIN OF THE INCIDENT	
1. Incident occurred on	
2. Failure occurred on	BODY OF PIPE
Other (specify)	
3. Material involved (<i>pipe, fitting, or other component</i>)	STEEL
Plastic failure was	
a. ductile	N
b. brittle	N
c. joint failure	N
Material other than plastic or steel	
4. Part of the system involved in incident	ONSHORE PIPELINE, INCLUDING VALVE SITES
Other (specify)	
5. Year the pipe or component which failed was installed	1944
PART D – MATERIAL SPECIFICATION	
1. Nominal pipe size (NPS) (inches)	18.00
2. Wall thickness inches	0.31
3. Specification	X 45
SMYS	50
4. Seam type	
5. Valve type	
6. Pipe or valve manufactured by	
in year	1944
PART E - ENVIRONMENT	
1. Area of incident	UNDER GROUND

Other (specify)	
Depth of cover	(inches) 22
PART F – APPARENT CAUSE	
F1 – CORROSION	
1. External Corrosion	
2. Internal Corrosion	
Complete items a-e where applicable	
a. Pipe Coating	
b. Visual Examination	
Other (specify)	
c. Cause of Corrosion	
Other (specify)	
d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering incident?	
Year Protection Started	
e. Was pipe previously damaged in the area of corrosion?	
How long prior to incident?	Years
	Months
F2 – NATURAL FORCES	
3. Earth Movement	
Description	
Other (specify)	
4. Lightning	
5. Heavy Rains/Floods	
Description	
Other (specify)	
6. Temperature	
Description	
Other (specify)	
7. High Winds	
F3 - EXCAVATION	
8. Operator Excavation Damage (including their contractors) / Not Third Party	
9. Third Party Excavation Damage	Yes
a. Excavator group	PROFESSIONAL EXCAVATOR
b. Type	OTHER
Other (specify)	FARMING
c. Did operator get prior notification of excavation activity?	N
Date received	
Notification received from	
d. Was pipeline marked?	Y
Temporary markings	
Permanent markings	Y
Marks were	ACCURATE
Were marks made within required time?	
F4 – OTHER OUTSIDE FORCE DAMAGE	
10. Fire/Explosion as primary cause of failure	
Description	
11. Car, truck or other vehicle not relating to excavation activity damaging pipe	
12. Rupture of Previously Damaged Pipe	
13. Vandalism	
F5 – MATERIAL AND WELDS	
Material	
14. Body of Pipe	
Description	
Other (specify)	
15. Component	
Description	

Other (specify)	
16. Joint	
Description	
Other (specify)	
Weld	
17. Butt	
Description	
Other (specify)	
18. Fillet	
Description	
Other (specify)	
19. Pipe Seam	
Description	
Other (specify)	
Complete a-g if you indicate any cause in part F5	
a. Type of failure	
Construction Defect	NO DATA
Description	
Material Defect	NO DATA
b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site?	
c. Was part which leaked pressure tested before incident occurred?	
d. Date of test	
	Month
	Day
	Year
e. Test medium	
Other (specify)	
f. Time held at test pressure	hr
g. Estimated test pressure at point of incident	
	(PSIG)
F6 – EQUIPMENT AND OPERATIONS	
20. Malfunction of Control/Relief Equipment	
Description	
Other (specify)	
21. Threads Stripped, Broken Pipe Coupling	
Description	
Other (specify)	
22. Ruptured or Leaking Seal/Pump Packing	
23. Incorrect Operation	
a. Type	
Other (specify)	
b. Number of employees involved who failed post-incident test	
	Drug test
	Alcohol test
c. Were most senior employee(s) involved qualified?	
d. Hours on duty	
F7 – OTHER	
24. Miscellaneous	
Description	
25. Unknown	
Description	
PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT	
DOT/CPUC REPORTABLE INCIDENT. 11832 DARLING ROAD, VENTURA. ON JUNE 29, 2005 AN 18" NATURAL GAS TRANSMISSION PIPELINE OPERATING AT APPROXIMATELY 625 POUNDS WAS DAMAGED BY A FARMER PERFORMING GRADING WORK. WHILE GRADING FIELDS FOR PLANTING, THE EXCAVATOR STRUCK AND DAMAGED THE MAIN, RESULTING IN FIVE OUTAGES. NO INJURIES OR PUBLIC PROPERTY DAMAGE RESULTED FROM THIS INCIDENT. ALL REPAIRS HAVE BEEN COMPLETED, AND FIVE CUSTOMERS WHO WERE OUT OF GAS HAVE BEEN	

RESTORED. INVESTIGATION OF THE INCIDENT SHOWED THAT THE EXCAVATOR DID NOT HAVE A USA TICKET, BUT WAS AWARE OF PIPING DUE TO PERMANENT MARKERS IN THE AREA. THE INCIDENT WAS REPORTED TO DOT UNDER INCIDENT #763875, BASED UPON DAMAGE TO COMPANY FACILITIES EXCEEDING \$50K. FOR ANY FURTHER QUESTIONS, CONTACT JEFF KOSKIE AT 213-244-3283.