



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

Original Report Date April 28, 2009

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

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

No. 20090042 - 9683

| PART A – GENERAL INFORMATION | | | | | |
|--|-----------------|---|--------------------------------------|---|--------------|
| N | Original Report | Y | Supplemental Report | Y | Final Report |
| Last revision Date | | | 12/16/2015 | | |
| 1. Operator Name and Address | | | | | |
| a. Operator's 5-digit Identification Number | | | 15007 | | |
| b. If Operator does not own the pipeline, enter Owner's 5-digit Identification Number (when known) | | | | | |
| c. Name of Operator | | | PACIFIC GAS & ELECTRIC CO | | |
| d. Operator street address | | | 375 NORTH WIGET LANE | | |
| e. Operator address | | | City WALNUT CREEK | | |
| | | | County or Parish CONTRA COSTA | | |
| | | | State CA | | |
| | | | Zip code 94598 | | |
| 2. Time and date of the incident | | | | | |
| | | | Hour 15:00 | | |
| | | | Date of the incident 04/03/2009 | | |
| 3. Location of incident | | | | | |
| a. Street or nearest street or road | | | MILE POINT 62.3 LINE 187 | | |
| b. City | | | SALINAS | | |
| County or Parish | | | MONTEREY | | |
| c. State | | | CA | | |
| Zip Code | | | | | |
| d. Mile Post/Valve Station | | | 62.3 | | |
| e. Survey Station No | | | | | |
| f. Latitude | | | | | |
| Longitude | | | | | |
| 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 | | | OTHER | | |
| Type of Leak | | | PUNCTURE | | |
| - Puncture, diameter (inches) | | | 5 | | |
| Type of Rupture | | | | | |
| - Tear/Crack, length (inches) | | | | | |
| - Propagation Length, total, both sides (feet) | | | | | |
| Other (specify) | | | DIG-IN | | |
| 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 | \$ 1,510,000 |
| Gas loss | \$ 10,000 |
| Operator damage | \$ 1,200,000 |
| Public/private property damage | \$ 300,000 |
| 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 | 2 |
| Minutes | 0 |
| 7. Telephone Report | |
| NRC Report Number | 901900 |
| Date | 04/03/2009 |
| 8. Pressure | |
| a. Estimated pressure at point and time of incident (PSIG) | 300.00 |
| b. Max. allowable operating pressure (MAOP) (PSIG) | 313.00 |
| c. MAOP established by 49 CFR section | |
| d. Did an over pressurization occur relating to the incident? | N |
| PART B – PREPARER AND AUTHORIZED SIGNATURE | |
| Preparer's Name | LAURENCE DENISTON |
| Preparer's Title | |
| Area Code and Telephone Number | 9259744313 |
| Preparer's E-mail Address | LCD1@PGE.COM |
| Area Code and Facsimile Number | 9259744214 |
| 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 | 1952 |
| PART D – MATERIAL SPECIFICATION | |
| 1. Nominal pipe size (NPS) (inches) | 8.00 |
| 2. Wall thickness inches | |
| 3. Specification | SMYS |
| 4. Seam type | |
| 5. Valve type | |
| 6. Pipe or valve manufactured by | |
| in year | |
| PART E - ENVIRONMENT | |
| 1. Area of incident | UNDER GROUND |

| | |
|--|----------------|
| Other (specify) | |
| Depth of cover | (inches) |
| 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 | GENERAL PUBLIC |
| b. Type | LANDOWNER |
| Other (specify) | |
| 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 | |
| <p>ON 4/3/09 AT APPROXIMATELY 1500 HOURS A FARMER RIPPING AN AGRICULTURE FIELD DUG INTO LINE 187 NEAR MILE POST 62.3 IN SALINAS. USA WAS REQUIRED, BUT WAS NOT NOTIFIED. THE LINE WAS AN 8" STEEL DISTRIBUTION FEEDER MAIN OPERATING AT 300 PSI. THERE WERE NO INJURIES OR FATALITIES AND NO SIGNIFICANT NEWS MEDIA PRESENT. AT APPROXIMATELY 2100 HOURS ON 4/3/09 IT WAS DETERMINED THAT DUE TO THE NUMBER OF CUSTOMERS OUT OF SERVICE AND THAT THE LNG TRAILER WAS MOBILIZED TO ASSIST IN PROVIDING NATURAL GAS</p> | |

SUPPLY DURING THE OUTAGE A REPORT SHOULD BE FILED WITH THE CPUC (CPUC # 090403-1276). AT APPROXIMATELY 1800 HOURS ON 4/5/09 IT WAS DETERMINED THAT THE INCIDENT WAS DOT REPORTABLE DUE TO DAMAGES EXCEEDING \$50,000. A DOT REPORT WAS FILED AND A DUPLICATE CPUC REPORT (# 090405-1282) WAS FILED AT APPROXIMATELY 1901 HOURS ON 4/5/09 INCLUDING THE DOT REPORT NUMBER. UPDATED BY PHMSA ON 12/16/2015 PER OPERATOR'S MARK UP (PART C, QUESTION 5 - YEAR THE PIPE OR COMPONENT WHICH FAILED WAS INSTALLED).