



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

Original
Report Date

August 03, 2009

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

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

No.

20090083 - 6100

PART A – GENERAL INFORMATION

Y	Original Report	N	Supplemental Report	Y	Final Report
	Last revision Date		08/03/2009		
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 CO		
	d. Operator street address		555 W FIFTH STREET		
	e. Operator address	City	LOS ANGELES		
		County or Parish	LOS ANGELES		
		State	CA		
		Zip code	90013		
2. Time and date of the incident					
		Hour	11:33		
		Date of the incident	08/03/2009		
3. Location of incident					
	a. Street or nearest street or road		GOLDENWEST & HOOD		
	b. City		WESTMINSTER		
		County or Parish	ORANGE		
	c. State		CA		
		Zip Code			
	d. Mile Post/Valve Station		43+776		
	e. Survey Station No				
	f. Latitude		33.771399		
		Longitude	-118.007350		
	g. Class location description				
	Onshore (Class Location)		3		
	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)	1		
	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	\$ 63,000
Gas loss	\$ 2,000
Operator damage	\$ 61,000
Public/private property damage	\$ 0
d. Release Occurred in a 'High Consequence Area'	Y
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	6
Minutes	30
7. Telephone Report	
NRC Report Number	911623
Date	07/15/2009
8. Pressure	
a. Estimated pressure at point and time of incident (PSIG)	180.00
b. Max. allowable operating pressure (MAOP) (PSIG)	200.00
c. MAOP established by 49 CFR section	49 CFR 192.619(a)(4)
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	1948
PART D – MATERIAL SPECIFICATION	
1. Nominal pipe size (NPS) (inches)	16.00
2. Wall thickness inches	0.25
3. Specification	GRADE A
SMYS	21
4. Seam type	
5. Valve type	
6. Pipe or valve manufactured by	
in year	
PART E - ENVIRONMENT	
1. Area of incident	UNDER PAVEMENT

Other (specify)	
Depth of cover (inches)	18
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	ROAD WORK
Other (specify)	
c. Did operator get prior notification of excavation activity?	Y
Date received	5 mo. 8 day 2009 yr.
Notification received from	ONE CALL SYSTEM
d. Was pipeline marked?	Y
Temporary markings	PAINT
Permanent markings	
Marks were	ACCURATE
Were marks made within required time?	Y
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 JULY 14, 2009 A 16 INCH STEEL NATURAL GAS SUPPLY LINE WAS DAMAGED WHEN A WHEN BY MECHANIZED GRADING EQUIPMENT. THE FACILITIES HAD BEEN PROPERLY LOCATED AND MARKED IN RESPONSE TO A USA REQUEST. HOWEVER, THE REQUEST HAD EXPIRED, AND SOCGAS WAS UNAWARE THAT EXCAVATING ACTIVITY WAS TAKING PLACE ON THE DAY OF THE INCIDENT. REPAIRS WERE COMPLETED WITH NO GAS IGNITION AND NO INJURIES. ONE CUSTOMER OUT OF SERVICE WAS RESTORED. THIS INCIDENT BECAME REPORTABLE TO</p>	

PHMSA ON JULY 15, 2009 WHEN CONSIDERABLE PIPE GOUGING WAS DISCOVERED, ABOVE AND BEYOND THE INITIAL DAMAGE, NECESSITATING REMOVAL AND REPLACEMENT OF PIPELINE SECTION. THIS INCREASED REPAIR ACTIVITY TRIGGERED REPORTING DUE TO POTENTIAL OF EXCEEDING \$50,000 IN TOTAL COSTS.