



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

Original  
Report Date

November 05, 2009

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

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

No.

20090116 - 6765

| PART A – GENERAL INFORMATION   |                 |   |                                 |   |              |
|--|-----------------|---|---------------------------------|---|--------------|
| N  | Original Report | Y | Supplemental Report             | Y | Final Report |
| Last revision Date   |                 |   | 11/18/2009                      |   |              |
| <b>1. Operator Name and Address</b>  |                 |   |                                 |   |              |
| 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                  |   |              |
| <b>2. Time and date of the incident</b>  |                 |   |                                 |   |              |
|  |                 |   | Hour 23:30                      |   |              |
|  |                 |   | Date of the incident 10/22/2009 |   |              |
| <b>3. Location of incident</b>   |                 |   |                                 |   |              |
| a. Street or nearest street or road  |                 |   | LINE 301B, MILE POINT 6.79      |   |              |
| b. City  |                 |   | SALINAS                         |   |              |
| County or Parish   |                 |   | MONTEREY                        |   |              |
| c. State   |                 |   | CA                              |   |              |
| Zip Code   |                 |   | 93901                           |   |              |
| d. Mile Post/Valve Station   |                 |   | 6.79                            |   |              |
| 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                               |   |              |
| <b>4. Type of leak or rupture</b>  |                 |   |                                 |   |              |
| Leak or Rupture  |                 |   | LEAK                            |   |              |
| Type of Leak   |                 |   | PUNCTURE                        |   |              |
| - Puncture, diameter (inches)  |                 |   | 2                               |   |              |
| Type of Rupture  |                 |   |                                 |   |              |
| - Tear/Crack, length (inches)  |                 |   |                                 |   |              |
| - Propagation Length, total, both sides (feet)   |                 |   |                                 |   |              |
| Other (specify)  |                 |   |                                 |   |              |
| <b>5. Consequences</b>   |                 |   |                                 |   |              |
| 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   | \$ 85,000                               |
| Gas loss  | \$ 0                                    |
| Operator damage   | \$ 85,000                               |
| 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   |   |
| <b>6. Elapsed time until area was made safe</b>                   |   |
| Hours   | 7                                       |
| Minutes   | 0                                       |
| <b>7. Telephone Report</b>  |   |
| NRC Report Number   | 921487                                  |
| Date  |   |
| <b>8. Pressure</b>  |   |
| a. Estimated pressure at point and time of incident (PSIG)        | 406.00                                  |
| b. Max. allowable operating pressure (MAOP) (PSIG)                | 408.00                                  |
| c. MAOP established by 49 CFR section                             | 49 CFR 192.619(a)(1)                    |
| d. Did an over pressurization occur relating to the incident?     | N                                       |
| <b>PART B – PREPARER AND AUTHORIZED SIGNATURE</b>                 |   |
| 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                              |
| <b>PART C – ORIGIN OF THE INCIDENT</b>                            |   |
| 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                                    |
| <b>PART D – MATERIAL SPECIFICATION</b>                            |   |
| 1. Nominal pipe size (NPS) (inches)                               | 12.00                                   |
| 2. Wall thickness inches  |   |
| 3. Specification  | SMYS                                    |
| 4. Seam type  |   |
| 5. Valve type   |   |
| 6. Pipe or valve manufactured by                                  |   |
| in year   |   |
| <b>PART E - ENVIRONMENT</b>                                       |   |
| 1. Area of incident   | UNDER GROUND                            |

|  |                |
|--|----------------|
| Other (specify)  |                |
| Depth of cover (inches)  | 6              |
| <b>PART F – APPARENT CAUSE</b>   |                |
| <b>F1 – CORROSION</b>  |                |
| 1. External Corrosion  |                |
| 2. Internal Corrosion  |                |
| <b>Complete items a-e where applicable</b>   |                |
| 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         |
| <b>F2 – NATURAL FORCES</b>   |                |
| 3. Earth Movement  |                |
| Description  |                |
| Other (specify)  |                |
| 4. Lightning   |                |
| 5. Heavy Rains/Floods  |                |
| Description  |                |
| Other (specify)  |                |
| 6. Temperature   |                |
| Description  |                |
| Other (specify)  |                |
| 7. High Winds  |                |
| <b>F3 - EXCAVATION</b>   |                |
| 8. Operator Excavation Damage (including their contractors) / Not Third Party                              |                |
| 9. Third Party Excavation Damage   | Yes            |
| a. Excavator group   | GENERAL PUBLIC |
| 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?  | Y              |
| <b>F4 – OTHER OUTSIDE FORCE DAMAGE</b>   |                |
| 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  |                |
| <b>F5 – MATERIAL AND WELDS</b>   |                |
| <b>Material</b>  |                |
| 14. Body of Pipe   |                |
| Description  |                |
| Other (specify)  |                |
| 15. Component  |                |
| Description  |                |

|   |              |
|---|--------------|
| Other (specify)   |              |
| 16. Joint   |              |
| Description   |              |
| Other (specify)   |              |
| <b>Weld</b>   |              |
| 17. Butt  |              |
| Description   |              |
| Other (specify)   |              |
| 18. Fillet  |              |
| Description   |              |
| Other (specify)   |              |
| 19. Pipe Seam   |              |
| Description   |              |
| Other (specify)   |              |
| <b>Complete a-g if you indicate any cause in part F5</b>  |              |
| 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)       |
| <b>F6 – EQUIPMENT AND OPERATIONS</b>  |              |
| 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  |              |
| <b>F7 – OTHER</b>   |              |
| 24. Miscellaneous   |              |
| Description   |              |
| 25. Unknown   |              |
| Description   |              |
| <b>PART G – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT</b>  |              |
| ON 10/22/09 AT APPROXIMATELY 2330 HOURS A FARMER RIPPING A FIELD STRUCK AND PUNCTURED LINE 301B, A 12-INCH STEEL GAS TRANSMISSION PIPELINE CAUSING GAS TO BE RELEASED. THE INCIDENT RESULTED IN THE LOSS OF SERVICE FOR 2 CUSTOMERS. SALINAS FIRE DEPARTMENT WAS ON SCENE. PG&E CREWS WERE ON SCENE AT 0050 HOURS ON 10/23/09, GAS FLOW WAS STOPPED AT 0945 HOURS AND HAD SERVICE RESTORED BY 0010 HOURS ON 10/24/09. NO MEDIA WAS PRESENT. THERE WERE NO FATALITIES OR INJURIES AS A |              |

RESULT OF THIS INCIDENT. THIS INCIDENT BECAME REPORTABLE WHEN DAMAGE ESTIMATES TO THE PIPELINE WERE REVISED AT 1900 HOURS ON 10/23/09 TO EXCEED \$50,000.