Pipeline Safety Incident Notification

Incident ID: INCI-3134

Person Taking Info: Michael Shields

Operator/Company: 006263 CENTERPOINT ENERGY ENTEX

Contact Type	Name	Company / Affiliation	Phone Number
Onsite Contact	Elmer Selvera	CENTERPOINT ENERGY ENTEX	281-755-2470

Occurred Date/Time: 7/16/2024 12:00:00 AM

Report Date/Time: 7/16/2024 12:00:00 AM

Nearest City/Town: Floresville

County: WILSON

Street Address/Location: 1600 Block of H St

Region: 04-Austin

Person handling incident: Christian Achonye

Injuries reported: 0

Fatalities reported: 0

Explosion: Yes

Ignition/Fire: Yes

Damages may exceed $50,000: No

Evacuation: No

Traffic Rerouted/Blocked: No

Media: No

Material Transported: Natural Gas

Release of Gas or LNG: No

Release of Hazardous Liquid or carbon Dioxide: No

Amount Released:

Initial Description:

Centerpoint Energy has reported multiple residential explosions in Floresville while crews were working on a gas line. It is unknown if there are any injuries at this time.

On site: Dennis Jandt 830-730-0386

Updates:

7/16/2024

From: Michael Shields

Update: On Tuesday July 16, 2024, at approximately 03:24 PM, RRC Region IV pipeline safety Inspector Christian Achonye received an email notification regarding a fire incident on the Center Point Energy pipeline.

At approximately 03:43 PM, Inspector Christian Achonye contacted operator's on-site contact Roy Villarreal and the following information were provided:

1. Contractor bored into a gas line at 1600 block of H street in Floresville in Wilson County.

2. This gas pipeline was squeezed off by CNP crew at approximately 02:05 PM resulting to a home explosion and 2 other homes were affected.

3. The operator on-site contact reported no injuries and no fatalities at the time of this incident call.

INCI- 3134 accident investigation is on-going. Inspector Christian Achonye is en-route to the incident location.

7/17/2024

From: Michael Shields

Update: Upon arrival at the incident location at approximately 07:26 PM on July 16, 2024, Inspector Christian Achonye conducted a walkthrough of the center point energy pipeline "the operator", the affected homes and interviewed the operator's representatives.

Available information gathered at the time of INCI-3134 onsite investigation was that on July 16, 2024, and at approximately 11:30 AM, the operator received leak calls in a two-block area that were responded to and cleared as No Leak Found. The local fire department arrived on scene and evacuated residents in the 1600 Blk of H St due to finding gas inside some of the residences. The operator's contractors were asked to shut down operations until an investigation of the gas leak/damage is completed. The operator's technicians and construction crew began to investigate the gas leak and found gas in the sewer cleanouts that were visible at some of the homes and bar-tested to determine the gas leak location. The nearby streets were blocked off to traffic, traffic rerouted, and the area made as safe as possible.

Operators' emergency locates were requested and the crew began to dig a remote bell-hole to be able to squeeze off the main line and stop the gas leak. At approximately 02:00 PM on July 16, 2024, the home located at 1605 H St exploded which also damaged 2 other homes to the left and right of it.

The local fire department responded and proceeded to put out the fire on the home. Having the gas main line squeezed off, the sewers were re-checked and the bar-holes re-probed and the gas percentages had dropped. The crew capped off the 2 inches plastic main for a permanent repair. The 3 homes involved in the fire incident were 1603, 1605 and 1607 H St.

The operator stated that there were no injuries or fatalities incurred during this fire incident. An odorometer test (.45% GIA) was performed and witnessed by the State Fire Marshall at an address across the street. The test signified good odor concentration.

At approximately 09:50 PM, operator's representatives departed the incident location. Inspector Christian Achonye departed the incident location at approximately 09:55 PM. On July 17, 2024, at approximately 09:00 AM the operator plans are to expose the damaged pipeline and possible damaged sewer line to be inspected by an outside consultant with ESi.

7/17/2024

From: Michael Shields

Update: On Wednesday July 17, 2024 RRC pipeline safety inspector Christian Achonye met with the operator representatives and was informed that incident location is considered safe.

At approximately 03:00 PM Inspector Christian Achonye departed the incident location en route to the Austin Regional Office.

Railroad Commission of Texas Pipeline Evaluation System Investigation Report
Inspection Package ID: INSPPKG-0000101456

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Contacts

Company ID: 006263 Company Name: CENTERPOINT ENERGY ENTEX

Contact Type	Name	Company / Affiliation	Phone Number
Onsite Contact	Elmer Selvera	CENTERPOINT ENERGY ENTEX	281-755-2470

Incident Detail

Date of Incident: 07/16/2024

Date Reported: 07/16/2024

Inspector Notified Date: 07/16/2024 Assigned Inspector: Christian Achonye

Incident Location

Nearest City: Floresville

Location/Street Address: 1600 Block of H St

Region: 04-Austin

County: WILSON

Railroad Commission of Texas Pipeline Evaluation System Investigation Report
Inspection Package ID: INSPPKG-0000101456

Incident ID: INCI-3134

Notes

Executive Summary

On July 16, and at approximately 03:23 p.m. RRC pipeline safety Inspector Christian Achonye received an incident (INCI-3134) notification regarding a fire incident. The operator was identified as CenterPoint Energy. Inspector Achonye contacted the operator's onsite contact Villareal Roy, and it was noted on July 16th, 2024, at approximately 11:30 a.m., a third-party contractor identified as C4 Unlimited was performing boring excavation activities to install telecommunications conduit for Rise Broadband in the 1600 block of H St. in Floresville, Texas.

The preliminary investigation indicates Center point Energy pipeline was punctured resulting to a natural gas leak. There was an explosion and evacuation reported at the time of the incident. Emergency official and fire department arrived on scene at the time of this incident.

System Details

The operator's regulated entity is a Gas Distribution system located in a Class 3 location. This regulated entity (main) pipeline is made up of 2 inches polyethylene pipeline manufacturer is Duraline, ASTM 2406, SDR- 11 and was installed in 2021. The estimated pressure at the point and time of the Incident is 30 psig and the Maximum Allowable Operating Pressure is 60 psig.

Events Leading up to the Failure

On July 16, 2024, a third-party contractor C4 Unlimited was performing boring excavation activities to install telecommunications conduit for Rise Broadband in the 1600 block of H St. in Floresville, Texas, and punctured the operator's Gas Distribution pipeline which resulted a natural gas leak and an explosion.

The following one-call ticket was generated at the time of the incident as follows:

Ticket # 2469288723 generated on July 10, 2024, were marked and flagged, work started on July 12, 2024, and was closed on July 15, 2024.

Ticket # 2469870454 generated on July 16, 2024, were marked and flagged; work started on July 16, 2024, and was closed on July 16, 2024.

Railroad Commission of Texas Pipeline Evaluation System Investigation Report
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Ticket # 2469983175 generated on July 17, 2024, were marked and flagged; work started on July 17, 2024 and was closed on July 17, 2024.

Emergency Response

On July 16, 2024, at approximately 11:45 a.m. the operator identified failure and operator's crew squeeze off the pipeline at 02:05 p.m. Emergency officials arrived on scene at 02:15 p.m. The operator confirmed discovery at 02:05 p.m. The Railroad Commission of Texas pipeline safety division (RRC) was notified at 03:05 p.m. and the National Response Center (NRC) was notified at 03:31 p.m.

Summary of Return-to-Service

The operator stated that appropriately 120 feet of the 2 inches main pipeline is currently abandoned, and 2 affected customers are out of service at the time of this incident investigation. The return to service of this pipeline to be determined by the operator.

Investigation Details

On July 16, 2024, at approximately 03:23 p.m. RRC pipeline safety Inspector Christian Achonye received an incident notification regarding a fire incident at 1600 block of H St. in Floresville, Texas. At approximately 03:43 p.m. Inspector Christian Achonye contacted the operator representative Villareal Roy, and it was noted that a third-party contractor bored into Centerpoint Energy natural gas pipeline at 1600 block of H street in Floresville in Wilson County. This gas pipeline was squeezed off by operator’s crew at approximately 02:05 p.m. The operator on-site contact reported no injuries and no fatalities at the time of this incident notification.

On July 16, 2024, at approximately 07:20 p.m., Inspector Christian Achonye arrived at 1600 block of H street in Floresville in Wilson County and conducted an onsite field investigation. Inspector Achonye met with the operator’s representatives and emergency officials. Inspector Christian Achonye conducted a walkthrough of the Centerpoint energy pipeline “the operator”, the affected homes and interviewed the operator’s representatives. Information gathered at the time of INCI-3134 onsite field investigation was that on July 16, 2024, and at approximately 11:45 a.m., the operator received leak calls in a two-block area that were responded to and cleared as no Leak Found. The local fire department arrived on scene and evacuated residents in the 1600 Blk of H St due to finding gas inside some of the residences. The operator’s contractors were asked to shut down operations until an investigation of the gas leak and damages is completed. The operator’s technicians and construction crew began to investigate the gas leak and found gas in the sewer cleanouts that were visible at some of the homes and bar-tested to determine the gas leak location. The nearby streets were blocked off to traffic, traffic rerouted, and the area made as safe as possible.

Operators’ emergency locates were requested and the crew began to dig a remote bell-hole to be able to squeeze off the main line and stop the gas leak. On July 16, 2024, and at approximately 02:00 p.m. the home located at 1605 H St exploded which also damaged two other homes to the left and right of it.

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The local fire department responded and proceeded to put out the fire on the home. The operator's gas main line was squeezed off, the sewers were re-checked and the bar-holes re-probed and the gas percentages decreased. The crew capped off the 2 inches main plastic pipeline for a permanent repair. The three affected homes involved in the fire incident were 1603, 1605 and 1607 H St.

During this onsite field investigation, the operator stated that there were no injuries or fatalities incurred during this fire incident. An odorometer test was performed and witnessed by the State Fire Marshall at an address across the street at the time of this incident. The odorometer test signified good odor concentration. Approximately 122 feet of the two inches main pipeline is currently abandoned, and the two affected homes are out of service at the time of this incident investigation. The return to service of this pipeline to be determined by the operator.

As part of this incident investigation, the following operator's records were reviewed as follows

1. Operations and Maintenance manual
2. Public Awareness program
3. Damage Prevention Program
4. Leak Survey and patrol records
5. Pressure test records
6. Odorization report and odorant concentration test
7. Contractor's/ Operator's Qualification - OQ records for individual(s) performing covered task during this incident
8. Texas 811 one call notification
9. Odorization Reports

Findings and Contributing Factors

During this incident investigation, the operator states that excavation damage was the apparent cause of the incident specifically excavation by a third party identified as C4 during a directional drilling and installation of a telecommunication equipment. The operator indicated that the facility was marked inaccurately due to the line Locator error.

As part of the operator's plan to prevent and minimize a recurrence of incident, the operator referenced an improvement process and strict adherence to the operator's Operations and Maintenance Damage prevention program section 4.8 specifically section 4.8.6.4 Locating Responsibility, section 4.8.6.5 Locating and unlocatable process requirements, section 4.8.6.6 Transfer of locate and mark out responsibility and operator's Damage Prevention locate policy.

Based upon on the information provided, documentation reviewed and an onsite field investigation, there were two alleged violations cited at the time of this accident investigation:

1. Regulation: Title 16, 18.8 (a): The Operator's Line Locator failed to use all information necessary to mark the underground pipelines accurately.

Violation Note: Title 16, 18.8 (a): Specifically, information provided by the operator indicates that the contractor employee did not mark the underground pipeline accurately at the time of the incident.

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2. Regulation: 49 CFR 191.5(a): At the earliest practicable moment following discovery, but no later than one hour after confirmed discovery, the operator did not give notice to the National Response Center of a reportable incident as defined in § 191.3.

Violation Note: 49 CFR 191.5(a): Specifically, information provided by the operator at the time of this accident investigation on PHMSA F 7100.1 (Rev 9-2023) A-18 dated on August 15, 2024 indicates the local date and time of initial notification to the National Response Centre (NRC # 1404974) was on July 16, 2024, at 03:31 p.m. following an incident which met reporting criteria/confirmed discovery on July 16, 2024, at 02:05 p.m.

Pipeline Failure Investigation Report

Pipeline System: FLORESVILLE **Operator:** Center point Energy Entex

Operator ID: 4499 **Unit Number:** 7083 **Activity Number:** INSPPKG-0000101456

Location: 1600 block of H St. in Floresville, Texas **Date of Occurrence:** July 16, 2024

Material Released: Natural Gas **Quantity:** 51 mcf

PHMSA Arrival Time & Date: 07:20 p.m. &Jul. 16, 2024 **Total Damages $:** $ 517,016.00

Investigation Responsibility: __**X** State __ PHMSA __ NTSB __Other _____

	Company Reported Apparent Cause:	***Company Reported Sub-Cause (from PHMSA Form 7000-1/7100.2):***
	Corrosion	
	Natural Force Damage	
X	Excavation Damage	Excavation Damage – by Third Party
	Other Outside Force Damage	
	Material Failure (Pipe, Joint, Weld)	
	Equipment Failure	
	Incorrect Operation	
	Other	

	Accident/Incident Resulted in (check all that apply):	***Comments:***
	Rupture	
X	Leak	
X	Fire	
X	Explosion	
X	Evacuation	Number of Persons:____5_____ Area: _____

Narrative Summary
Short summary of the Incident/Accident scenario
On July 16, 2024, and at approximately 03:05 p.m. Railroad Commission of Texas pipeline (RRC) safety division received an incident notification (INCI-3134) regarding a fire incident. The operator was identified as CenterPoint Energy. RRC pipeline safety Inspector Christian Achonye contacted the operator's onsite contact Villareal Roy, and it was noted on July 16th, 2024, at approximately 11:30 a.m., a third-party contractor identified as C4 Unlimited was performing boring excavation activities to install telecommunications conduit for Rise Broadband in the 1600 block of H St. in Floresville, Texas. The preliminary investigation indicates Center point Energy pipeline was punctured resulting to a natural gas leak. There was an explosion and evacuation reported at the time of the incident. Emergency official and fire department arrived on scene. At the time of the incident, it was determined that the contract locator incorrectly located and marked the 2 inches plastic main pipeline, which the excavator C4 Unlimited had damaged.

Region/State: Austin/ Texas **Reviewed by:** _____

Principal Investigator: Christian Achonye **Title:** _____

Date: July 16, 2024 **Date:** _____

Pipeline Failure Investigation Report

Failure Location & Response		
Location (City, Township, Range, County/Parish): (Acquire Map) Floresville Texas 78114 Wilson County		
Address or M.P. on Pipeline: (1) 1605 H street	Type of Area (Rural, City): (1) City	
Coordinates of failure location (Latitude): 29.13353	(Longitude): -98.14761	
Date: 02:00 p.m.	Time of Failure: 11:45 a.m.	
Time Detected: 02:00 p.m.	Time Located: 02:00 p.m.	
How Located: Leak calls by local resident		
NRC Report #: (Attach Report) 1404974, 1405079	Time Reported to NRC: 03:31 p.m.	Reported by: Roy Villarreal

Type of Pipeline:

Gas Distribution	**Gas Transmission**	**Hazardous Liquid**	**___ LNG**
__ LP	__ Interstate Gas	__ Interstate Liquid	
__ Municipal	__ Intrastate Gas	__ Intrastate Liquid	
_X_ Public Utility	__ Gas Gathering	__ Offshore Liquid	
__ Master Meter	__ Offshore Gas	__ Liquid Gathering	
	__ Offshore Gas - High H_2S	__ CO_2	
		__ Low Stress Liquid	
		__ HVL	

Pipeline Configuration (Regulator Station, Pump Station, Pipeline, etc.):
Operator's regulated entity is a gas distribution pipeline.

Operator/Owner Information	
Owner: CENTERPOINT ENERGY ENTEX Address: P O Box 2628 Houston, TX 77252 Company Official: Nathan Brownell Phone No.: 713-207-5709 Fax.: 713-206-6787	Operator: CENTERPOINT ENERGY ENTEX Address: P O Box 2628 Houston, TX 77252 Company Official: Nathan Brownell Phone No.: 713-207-5709 Fax No.: 713-206-6787

Drug and Alcohol Testing Program Contacts __X N/A

Drug Program Contact & Phone:

Alcohol Program Contact & Phone:

1 Photo documentation

Pipeline Failure Investigation Report

Damages	
Product/Gas Loss or Spill[2] 51 mcf Amount Recovered 0 Estimated Amount $ 501	Estimated Property Damage $ $516,335.00 Associated Damages[3] $180.00
Description of Property Damage: Multiple/single Family residential homes	
Customers out of Service: _X_ Yes __ No Number: 2 Suppliers out of Service: __ Yes _X_ No Number:	

Fatalities and Injuries _X__ *N/A*					
Fatalities:	__ Yes	__ No	Company:	Contractor:	Public:
Injuries - Hospitalization:	__ Yes	__ No	Company:	Contractor:	Public:
Injuries - Non-Hospitalization:	__ Yes	__ No	Company:	Contractor:	Public:
Total Injuries (including Non-Hospitalization):			Company:	Contractor:	Public:

Name	Job Function	Yrs. w/ Comp.	Yrs. Exp.	Type of Injury

Drug/Alcohol Testing _X__ *N/A*					
Were all employees that could have contributed to the incident, post-accident tested within the 2 hour time frame for alcohol or the 32 hour time frame for all other drugs? ___Yes ___No					
Job Function	Test Date & Time	Location	Results		Type of Drug
			Pos	Neg	

System Description

2 Initial volume lost or spilled
3 Including cleanup cost

Pipeline Failure Investigation Report

System Description
Describe the Operator's System: The operator's regulated entity is a Gas Distribution system located in a Class 3 location. This regulated entity (main) pipeline is made up of 2 inches polyethylene pipeline manufacturer is Duraline, ASTM 2406/2708, Standard Dimension Ratio (SDR)- 11 and was installed in 2021. The estimated pressure at the point and time of the Incident is 30 psig and the Maximum Allowable Operating Pressure (MAOP) is 60 psi.

Pipe Failure Description	***___ N/A***
Length of Failure (inches, feet, miles): 2 inches polyethylene Main of 122 feet pipeline (1)	
Position (Top, Bottom, include position on pipe, 6 O'clock): (1) Bottom	Description of Failure (Corrosion Gouge, Seam Split): (1) Third party Damage caused by directional drill
Laboratory Analysis: ___ Yes _X__ No Performed by:	
Preservation of Failed Section or Component: X Yes ___No If Yes - Method: Climate controlled in evidence room	
In Custody of: CenterPoint Energy Division Evidence room	
Develop a sketch of the area including distances from roads, houses, stress inducing factors, pipe configurations, direction of flow, etc. Bar Hole Test Survey Plot, if included, should be outlined with concentrations at test points.	

Component Failure Description	***_X_ N/A***
Component Failed: (1)	
Manufacturer:	Model:
Pressure Rating:	Size:
Other (Breakout Tank, Underground Storage):	

Pipe Data	***___ N/A***
Material: Polyethylene	Wall Thickness/SDR: N/A
Diameter (O.D.): 2 inches IPS	Installation Date: 2021
SMYS: Unknown	Manufacturer: Duraline
Longitudinal Seam: N/A	Type of Coating: N/A
Pipe Specifications (API 5L, ASTM A53, etc.): ASTM 2406/2708	

Joining	***___N/A***
Type: Heat Fusion	Procedure: Socket Fusion
NDT Method: N/A	Inspected: ___X Yes ___No

Pressure @ Time of Failure @ Failure Site	***___ N/A***
Pressure @ Failure Site: 30 psi	Elevation @ Failure Site: 420 feet

Pipeline Failure Investigation Report

Pressure @ Time of Failure @ Failure Site				___ ***N/A***
Pressure Readings @ Various Locations:			Direction from Failure Site	
Location/M.P./Station #	Pressure (psig)	Elevation (ft msl)	Upstream	Downstream
Sunnyside (Floresville) City Gate Station # 2	30 psi	420 feet	X	

Upstream Pump Station Data	_X__ ***N/A***
Type of Product:	API Gravity:
Specific Gravity:	Flow Rate:
Pressure @ Time of Failure [4]	Distance to Failure Site:
High Pressure Set Point:	Low Pressure Set Point:

Upstream Compressor Station Data	_X__ ***N/A***
Specific Gravity:	Flow Rate:
Pressure @ Time of Failure [4]	Distance to Failure Site:
High Pressure Set Point:	Low Pressure Set Point:

Operating Pressure	___ ***N/A***
Max. Allowable Operating Pressure: 60 psi	Determination of MAOP: 192.619(a)(1)
Actual Operating Pressure: 30 psi	
Method of Over Pressure Protection: Relief Valve	
Relief Valve Set Point: 60 psi	Capacity Adequate? _X__ Yes ___ No

Integrity Test After Failure	___ ***N/A***
Pressure test conducted in place? (Conducted on Failed Components or Associated Piping): ___X Yes ___ No	
If No, tested after removal? ___ Yes ___ No	
Method: Pressure Test with air	
Describe any failures during the test. At the third party damage points	

Soil/water Conditions @ Failure Site	___ ***N/A***
Condition of and Type of Soil around Failure Site (Color, Wet, Dry, Frost Depth): Dry	
Type of Backfill (Size and Description): Sandy Loam	

4 Obtain event logs and pressure recording charts

Pipeline Failure Investigation Report

Soil/water Conditions @ Failure Site	***___ N/A***
Type of Water (Salt, Brackish): N/A	Water Analysis [5] ___ Yes _X__ No

External Pipe or Component Examination	***_X__ N/A***
External Corrosion? ___Yes ___ No [1]	Coating Condition (Disbonded, Non-existent): [1]
Description of Corrosion:	
Description of Failure Surface (Gouges, Arc Burns, Wrinkle Bends, Cracks, Stress Cracks, Chevrons, Fracture Mode, Point of Origin):	
Above Ground: ___ Yes ___ No [1]	Buried: ___ Yes ___ No [1]
Stress Inducing Factors: [1]	Depth of Cover: [1]

Cathodic Protection	***__X_ N/A***
P/S (Surface):	P/S (Interface):
Soil Resistivity: pH:	Date of Installation:
Method of Protection:	
Did the Operator have knowledge of Corrosion before the Incident? ____ Yes ____ No	
How Discovered? (Close Interval Survey, Instrumented Pig, Annual Survey, Rectifier Readings, ECDA, etc):	

Internal Pipe or Component Examination	***_ _X_ N/A***
Internal Corrosion: ___ Yes ___No [1]	Injected Inhibitors: ___ Yes ___ No
Type of Inhibitors:	Testing: ___ Yes ___ No
Results (Coupon Test, Corrosion Resistance Probe):	
Description of Failure Surface (MIC, Pitting, Wall Thinning, Chevrons, Fracture Mode, Point of Origin):	
Cleaning Pig Program: ___ Yes ___ No	Gas and/or Liquid Analysis: ___ Yes ___ No

5 Attach copy of water analysis report

Pipeline Failure Investigation Report

Internal Pipe or Component Examination	***_X_ N/A***
Results of Gas and/or Liquid Analysis [6]	
Internal Inspection Survey: ___ Yes ___ No	Results [7]
Did the Operator have knowledge of Corrosion before the Incident? ___ Yes ___ No	
How Discovered? (Instrumented Pig, Coupon Testing, ICDA, etc.):	

Outside Force Damage	***___ N/A***
Responsible Party: C4 unlimited	Telephone No.: 979-587-4717
Address: 17734 FM 244 Lola Texas 77861	
Work Being Performed: Installation of telecommunication cable	
Equipment Involved: [1] Directional Drilling	Called One Call System? _X__ Yes ___ No
One Call Name: Texas 811	One Call Report # [8] 2469288723
Notice Date: July 10, 2024	Time: 12:33 p.m.
Response Date: July 15, 2024	Time: 09:15 a.m.
Details of Response: Incident location was marked and flagged	
Was Location Marked According to Procedures? __X_ Yes ___ No	
Pipeline Marking Type: Paints and Flags [1]	Location: 1600/1700 block H Street [1]
State Law Damage Prevention Program Followed? _X__ Yes ___ No ___ No State Law	
Notice Required: _X__Yes ___No	Response Required: _X__ Yes ___ No
Was Operator Member of State One Call? _X__ Yes ___ No	Was Operator on Site? ___ Yes __X_ No
Did a deficiency in the Public Awareness Program contribute to the accident? ___Yes _X__ No	
Is OSHA Notification Required? ___ Yes __X_ No	

Natural Forces	***_X_ N/A***
Description (Earthquake, Tornado, Flooding, Erosion):	

6 Attach copy of gas and/or liquid analysis report
7 Attach copy of internal inspection survey report
8 Attach copy of one-call report

Pipeline Failure Investigation Report

Natural Forces	***_X_ N/A***

Failure Isolation	***__ N/A***
Squeeze Off/Stopple Location and Method: Squeeze off (1)	
Valve Closed - Upstream: N/A Time: N/A	I.D.: N/A M.P.: N/A
Valve Closed - Downstream: N/A Time: N/A	I.D.: N/A M.P.: N/A
Pipeline Shutdown Method: __X Manual __ Automatic __ SCADA __ Controller __ ESD	
Failed Section Bypassed or Isolated: Isolated	
Performed By: Centerpoint Energy	Valve Spacing: N/A

Odorization		***__ N/A***
Gas Odorized: _X_ Yes __ No	Concentration of Odorant (Post Incident at Failure Site): 0.5%	
Method of Determination: _X_ Yes __ No Odor Concentration test	% LEL: _X_ Yes __ No	% Gas In Air: _X_ Yes __ No
	Time Taken: _X_ Yes __ No (Taken on July 16, 2024 at 05:40 p.m)	
Was Odorizer Working Prior to the Incident? _X_ Yes __ No	Type of Odorizer (Wick, By-Pass): By-Pass	
Odorant Manufacturer: Chevron Phillips Model: 93850	Type of Odorant: Scentinel E	
Amount Injected: Unknown	Monitoring Interval (Weekly): Monthly	
Odorization History (Leaks Complaints, Low Odorant Levels, Monitoring Locations, Distances from Failure Site): Odorizer is located ½ mile from the city gate station		

Weather Conditions	***__ N/A***
Temperature: 91 degrees Fahrenheit	Wind (Direction & Speed): Southwest & 15 mile per hour
Climate (Snow, Rain): Sunny Hot	Humidity: 71 percent
Was Incident preceded by a rapid weather change? __ Yes _X_ No	
Weather Conditions Prior to Incident (Cloud Cover, Ceiling Heights, Snow, Rain, Fog): Clear Hot Dry/ Light breeze	

Pipeline Failure Investigation Report

Gas Migration Survey	***__ N/A***
Bar Hole Test of Area: _X_ Yes __ No	Equipment Used: Combustible Gas Indicator
Method of Survey (Foundations, Curbs, Manholes, Driveways, Mains, Services) [9] (1) Foundations, Main, Services, Manholes, Sewer clean outs	

Environment Sensitivity Impact	***_X_ N/A***
Location (Nearest Rivers, Body of Water, Marshlands, Wildlife Refuge, City Water Supplies that could be or were affected by the medium loss): (1)	
OPA Contingency Plan Available? __ Yes __ No	Followed? __ Yes __ No

Class Location/High Consequence Area	__ N/A
Class Location: 1 __ 2 3 _X_ 4 __ Determination: Class location study	HCA Area? __ Yes _X_ No __ N/A Determination:
Odorization Required? _X_ Yes __ No __ N/A	

Pressure Test History **__ N/A**
(Expand List as Necessary)

	Req'd [10]Assessment Deadline Date	Test Date	Test Medium	Pressure (psig)	Duration (hrs)	% SMYS
Installation	N/A	June 29, 2021	Air	100 psi	150 mins	N/A
Next						
Next						
Most Recent						

Describe any problems experienced during the pressure tests.

Internal Line Inspection/Other Assessment History **_X_ N/A**
(Expand List as Necessary)

	Req'd [10] Assessment Deadline Date	Assessment Date	Type of ILI Tool [11]	Other Assessment Method [12]	Indicated Anomaly If yes, describe below
Initial					__ Yes __ No
Next					__ Yes __ No
Next					__ Yes __ No

9 Plot on site description page
10 As required of Pipeline Integrity Management regulations in 49CFR Parts 192 and 195
11 MFL, TFI, UT, Combination, Geometry, etc.
12 ECDA, ICDA, SCCDA, "other technology," etc.

Pipeline Failure Investigation Report

Internal Line Inspection/Other Assessment History *(Expand List as Necessary)*					**_X_ N/A**
Most Recent					__ Yes __ No
Describe any previously indicated anomalies at the failed pipe, and any subsequent pipe inspections (anomaly digs) and remedial actions.					

Pre-Failure Conditions and Actions	**_X_ N/A**
Was there a known pre-failure condition requiring [10] the operator to schedule evaluation and remediation? __ Yes (describe below or on attachment) __ No	
If there was such a known pre-failure condition, had the operator established and adhered to a required [10] evaluation and remediation schedule? Describe below or on attachment. __ Yes __ No __ N/A	
Prior to the failure, had the operator performed the required [10] actions to address the threats that are now known to be related to the cause of this failure? __ Yes __ No __ N/A List below or on an attachment such operator-identified threats, and operator actions taken prior to the accident.	
Describe any previously indicated anomalies at the failed pipe, and any subsequent pipe inspections (anomaly digs) and remedial actions.	

Maps & Records	***___ N/A***
Are Maps and Records Current? [13] __X Yes __ No Comments:	

Leak Survey History	***___ N/A***
Leak Survey History (Trend Analysis, Leak Plots): Patrol and Leak survey 2023 - 2024	

Pipeline Operation History	***_ _X_ N/A***
Description (Repair or Leak Reports, Exposed Pipe Reports):	
Did a Safety Related Condition Exist Prior to Failure? ___ Yes ___ No Reported? ___ Yes ___ No	
Unaccounted For Gas:	

13 Obtain copies of maps and records

Pipeline Failure Investigation Report

Pipeline Operation History	***__X_ N/A***
Over & Short/Line Balance (24 hr., Weekly, Monthly/Trend):	

Operator/Contractor Error	***___ N/A***
Name: Lightner Christian	Job Function: Contract Line Locator (JS-54643)
Title: USIC Locating Services Inc (ISN-08154512)	Years of Experience: unknown
Training (Type of Training, Background): unknown	
Was the person "Operator Qualified" as applicable to a precursor abnormal operating condition? __X_Yes ___ No ___ N/A	
Was qualified individual suspended from performing covered task ___ Yes _X__ No ___ N/A	
Type of Error (Inadvertent Operation of a Valve): Mismarked of line locate	
Procedures that are required: Damage Prevention covered line locating expectations with locators Supervision and Vendor's Quality Assurance personnel.	
Actions that were taken: Following the operator qualification program, an evaluation was done for the individual. Based on Damage Prevention's findings the individual had positive results from the volume of work that was evaluated on the covered task in question.	
Pre-Job Meeting (Construction, Maintenance, Blow Down, Purging, Isolation): Unknown	
Prevention of Accidental Ignition (Tag & Lock Out, Hot Weld Permit): Unknown	
Procedures conducted for Accidental Ignition: Unknown	
Was a Company Inspector on the Job? ___ Yes __X_ No	
Was an Inspection conducted on this portion of the job? ___ Yes _X__ No	
Additional Actions (Contributing factors may include number of hours at work prior to failure or time of day work being conducted): None	
Training Procedures: N/A	
Operation Procedures: N/A	
Controller Activities: N/A	

Name	Title	Years Experience	Hours on Duty Prior to Failure	Shift

Alarm Parameters: N/A
High/Low Pressure Shutdown: N/A
Flow Rate: N/A

Pipeline Failure Investigation Report

Operator/Contractor Error	***___ N/A***
Procedures for Clearing Alarms: N/A	
Type of Alarm: N/A	
Company Response Procedures for Abnormal Operations: N/A	
Over/Short Line Balance Procedures: N/A	
Frequency of Over/Short Line Balance: N/A	
Additional Actions: N/A	

Additional Actions Taken by the Operator	***___N/A***

Make notes regarding the emergency and Failure Investigation Procedures (Pressure reduction, Reinforced Squeeze Off, Clean Up, Use of Evacuators, Line Purging, closing Additional Valves, Double Block and Bleed, Continue Operating downstream Pumps):

Line segment was tested, and pressure tested to identify the extent of failure. A leak survey was conducted at 1600 block. This pipeline is currently abandoned.

Photo Documentation [(1)]

Overall Area from best possible view. Pictures from the four points of the compass. Failed Component, Operator Action, Damages in Area,
Address Markings, etc.

Photo No.	Description	Photo No.	Description
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
Camera Type:			

Pipeline Failure Investigation Report

Additional Information Sources			
Agency	Name	Title	Phone Number
Police:			
Fire Dept.:			
State Fire Marshall:			
State Agency:			
NTSB:			
EPA:			
USCG:			
FBI:			
ATF:			
OSHA:			
Insurance Co.:			
FRA:			
MMS:			
Television:			
Newspaper:			
Other:			

Persons Interviewed		
Name	Title	Phone Number
Elmer Selvera	Operations Specialist	713.967.7173

Event Log	
Sequence of events prior, during, and after the incident by time. (Consider the events of all parties involved in the incident, Fire Department and Police reports, Operator Logs and other government agencies.)	
Time / Date	Event
11:45 a.m./Jul 16, 2024	Operator identified failure
02:00 p.m./Jul. 16, 2024	Operator's local time of ignition
02:05 p.m./Jul. 16, 2024	Operator local time and date of confirmed discovery
02:15 p.m./Jul. 16, 2024	Operator and Emergency Official communication
03:05 p.m./Jul.16, 2024	Railroad Commission of Texas (RRC) was notified
03:31 p.m./Jul.16, 2024	National Response Center was notified
07:20 p.m./Jul.16, 2024	RRC Pipeline safety inspector Christian Achonye conducted an onsite field investigation

Pipeline Failure Investigation Report

Investigation Contact Log			
Time	Date	Name	Description

Failure Investigation Documentation Log				
Operator:		Unit #:	CPF #:	Date:
Appendix Number	Documentation Description	Date Received	FOIA Yes	FOIA No

Pipeline Failure Investigation Report

Site Description
Provide a sketch of the area including distances from roads, houses, stress inducing factors, pipe configurations, etc. Bar Hole Test Survey Plot should be outlined with concentrations at test points. Photos should be taken from all angles with each photo documented. Additional areas may be needed in any area of this guideline.

NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty as provided in 49 USC 60122.	OMB NO: 2137-0635 EXPIRATION DATE: 6/30/2026
U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**Original Report Date:** 08/15/2024
	No. 20240043-39906 --- (DOT Use Only)

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

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 PHMSA Pipeline Safety Community Web Page at https://www.phmsa.dot.gov/pipeline/library/forms*

PART A - KEY REPORT INFORMATION

Report Type: (select all that apply)	Original:	Supplemental:	Final:
	Yes		Yes
Last Revision Date			
1. Operator's OPS-issued Operator Identification Number (OPID):	4499		
2. Name of Operator	CENTERPOINT ENERGY RESOURCES CORPORATION		
3. Address of Operator:			
3a. Street Address	1111 LOUISIANA ST		
3b. City	Houston		
3c. State	Texas		
3d. Zip Code	77002		
4. Local time (24-hr clock) and date of incident:	07/16/2024 14:00		
4a. Time Zone for local time (select only one)	Central		
4b. Daylight Saving in effect?	Yes		
5. Location of Incident:			
5a. Street Address or location description	1605 H St		
5b. City	Floresville		
5c. County or Parish	Wilson		
5d. State:	Texas		
5e. Zip Code:	78114		
5f. Latitude / Longitude	29.13353, -98.14761		
6. Gas released:	Natural Gas		
- Other Gas Released Name:			
7. Estimated volume of gas released unintentionally: - thousand standard cubic feet (mcf)	51.51		
8. Estimated volume of intentional and controlled release/blowdown:thousand standard cubic feet (mcf)	0		
9. Were there fatalities?	No		
- If Yes, specify the number in each category:			
9a. Operator employees			
9b. Contractor employees working for the Operator			
9c. Non-Operator emergency responders			
9d. Workers working on the right-of-way, but NOT associated with this Operator			
9e. General public			
9f. Total fatalities (sum of above)	0		
10. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
10a. Operator employees			

10b. Contractor employees working for the Operator	
10c. Non-Operator emergency responders	
10d. Workers working on the right-of-way, but NOT associated with this Operator	
10e. General public	
10f. Total injuries (sum of above)	0
11. What was the Operator's initial indication of the Failure? *(select only one)*	Ground Patrol by Operator or its contractor
- If Other, Specify:	
11a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 11, specify.	Operator employee
12. Local time operator identified failure	07/16/2024 11:45
If 11 = Notification from Emergency Responder, skip questions 13 through 15.	
13. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident?	Yes
- If No, skip A14 and A15	
14. Which party initiated communication about the incident?	Operator
15. Local time of initial Operator and Local/State/Federal Emergency Responder communication	07/16/2024 14:15
16. Local time operator resources arrived on site:	07/16/2024 11:45
17. Local time of confirmed discovery:	07/16/2024 14:00
18. Local time (24-hr clock) and date of initial operator report to the National Response Center:	07/16/2024 15:31
19. Initial Operator National Response Center Report Number:	1404974
19a. Additional NRC Report numbers submitted by the operator:	1405079
20. Method of Flow Control *(select all that apply)*	
"Key/Critical" Valve – inspected in accordance with Part 192.747	
Main Valve other than "Key/Critical"	
Service (curb) Valve	
Meter/Regulator shut-off Valve	
Excess flow valve	
Squeeze-Off	Yes
Stopple fitting	
Other	
- If Other, Specify:	
21. Did the gas ignite?	Yes
If A21 = Yes, answer A21a through A21d.	
21a. Local time of ignition	07/16/2024 14:00
21b. How was the fire extinguished?	Local/State/Federal Emergency Responder
- If Other, Specify:	
21c. Estimated volume of gas consumed by fire (MCF): (must be less than or equal to A7.)	51.51
21d. Did the gas explode?	Yes
22. Number of general public evacuated:	5

PART B - ADDITIONAL LOCATION INFORMATION

1. Was the Incident on Federal land?	No
2. Location of Incident	Utility Right-of-way / Easement
3. Area of Incident:	Underground
Specify:	Under soil
If Other, Describe:	
3a. Depth of Cover:	42
3b. Were other underground facilities found within 12 inches of the failure location?	Yes
4. Did Incident occur in a crossing?	No
- If Yes, specify type below:	
- If Bridge crossing –	
Cased/ Uncased:	
- If Railroad crossing –	

Cased	
Uncased	
Bored/drilled	
- If Road crossing –	
Cased	
Uncased	
Bored/drilled	
- If Water crossing –	
Cased	
Uncased	
Bored/drilled	
Name of body of water (If commonly known):	
Approx. water depth at time and location of Incident (ft):	
(select only one):	

PART C - ADDITIONAL FACILITY INFORMATION

1. Indicate the type of pipeline system:	Investor Owned
- If Other, specify:	
2. Part of system involved in Incident:	Main
- If Other, specify:	
2a. Year item involved in the incident was installed:	2021
2b. Year item involved in the incident was manufactured:	2021
When 2.is any value other than "Main", "Main Valve", "District Regulator/Metering Station", or "Other":	
2c. Indicate the customer type: (select only one)	
2d. Was an EFV installed on the service line before the time of the incident?	
If 2d = Yes, then 2e. Did the EFV activate?	
2f. Was a curb valve installed on the service line before the time of the incident?	
3. When 2. is "Main" or "Service" answer 3a through c and 4:	
3a. Nominal Pipe Size:	2
3b. Pipe specification (e.g., API 5L, ASTM D2513):	ASTM 2406/2708
3c. Pipe manufacturer:	Duraline
4. Material involved in Incident:	Plastic
- If Other, specify:	
4a. If Steel, Specify seam type:	
- If Other, specify:	
4b. If Steel, Specify wall thickness (inches):	
4c. If Plastic, Specify type:	Polyethylene (PE)
- If Other, describe:	
4d. If Plastic, Specify Standard Dimension Ratio (SDR):	11
Or wall thickness:	
Unknown	
4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c:	
- Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)	2406
Unknown?	
5. Type of release involved :	Mechanical Puncture
- If Mechanical Puncture - Specify Approx. size:	
Approx. size: in. (axial):	1.00
in. (circumferential):	1.00
- If Leak - Select Type:	
- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: (widest opening):	
(length circumferentially or axially):	
- If Other - Describe:	

PART D - ADDITIONAL CONSEQUENCE INFORMATION	
1. Class Location of Incident:	Class 3 Location
2. Estimated Property Damage:	
2a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator	$500,000
2b. Estimated cost of Operator's property damage & repairs	$16,335
2c. Estimated cost of emergency response	$180
2d. Estimated other costs	$0
- Describe:	
2e. Property damage subtotal (sum of above)	$516,515
Cost of Gas Released	
Cost of Gas in $ per thousand standard cubic feet (mcf):	$9.7300
2f. Estimated cost of gas released unintentionally	$501
2g. Estimated cost of gas released intentionally during controlled release/blowdown	$0
2h. Total estimated cost of gas released (sum of 2f and g)	$501
2i. Estimated Total Cost (sum of 2e and 2h)	$517,016
3. Estimated number of customers out of service:	
3a. Commercial entities	0
3b. Industrial entities	0
3c. Residences	2
Injured Persons not included in A10 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A10. If a person is included in A10, do not include them in D4.	
4. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization:	0
If a person is included in 4, do not include them in 5.	
5. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident:	0
Buildings Affected	
6. Number of residential buildings affected (evacuated or required repair or had gas service interrupted):	3
7. Number of business buildings affected (evacuated or required repair or had gas service interrupted):	0

PART E - ADDITIONAL OPERATING INFORMATION	
1. Estimated pressure at the point and time of the Incident (psig):	30.00
2. Normal operating pressure at the point and time of the Incident (psig):	30.00
3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):	60.00
3a. MAOP established by 49 CFR section:	192.619(a)(1)
3b. Date MAOP established:	06/29/2021
4. Describe the pressure on the system relating to the Incident:	Pressure did not exceed MAOP
5. Type of odorization system for gas at the point of failure:	by-pass
- If Other, Specify:	
6. Odorant level near the point of failure measured after the failure:	0.5
Not Measured	
7. Was a Supervisory Control and Data Acquisition (SCADA) based system in place on the pipeline or facility involved in the Incident?	Yes
- If Yes:	
7a. Was it operating at the time of the Incident?	Yes
7b. Was it fully functional at the time of the Incident?	Yes
7c. Did SCADA-based information (such as alarm(s), alert(s), event (s), and/or volume or pack calculations) assist with the initial indication of the Incident?	No

7d. Did SCADA-based information (such as alarm(s), alert(s), event (s), and/or volume calculations) assist with the confirmed discovery of the Incident?	No
8. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident? (select all that apply):	No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the Operator did not investigate)
- If "No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to:" *(provide an explanation for why the operator did not investigate)*	Failure did not exceed the detection threshold of the system.
- If Yes, Specify investigation result(s) *(select all that apply):*	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Provide an explanation for why not:	
- Investigation identified no control room issues	
- Investigation identified no controller issues	
- Investigation identified incorrect controller action or controller error	
- Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
- Investigation identified incorrect control room equipment operation	
- Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response	
- Investigation identified areas other than those above	
Describe:	

PART F - DRUG & ALCOHOL TESTING INFORMATION

1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. How many were tested:	
1b. How many failed:	
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. How many were tested:	
2b. How many failed:	

PART G - CAUSE INFORMATION

Select only one box from PART G in shaded column on left representing the Apparent Cause of the Incident, and answer the questions on the right. Enter secondary, contributing, or root causes of the Incident in Part J – Contributing Factors.

Apparent Cause:	G3 - Excavation Damage

G1 - Corrosion Failure – only one **sub-cause** can be picked from shaded left-hand column

Corrosion Failure Sub-Cause:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Specify:	
2. Type of corrosion:	
- Galvanic	

- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other	
- If Other, Describe:	
2a. If 2. is Stray Current, specify	
2b. Describe the stray current source:	
3. The type(s) of corrosion selected in Question 2 is based on the following:	
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
4. Was the failed item buried or submerged?	
- If Yes:	
4a. Was failed item considered to be under cathodic protection at the time of the incident?	
- If Yes, Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply)	
If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
Describe Other CP Survey:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
6. Pipeline coating type, if steel pipe is involved:	
- If Other, Describe:	
6a. Field Applied?	
- If Internal Corrosion:	
7. Results of visual examination:	
- If Other, Describe:	
8. Cause of corrosion (select all that apply):	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other	
- If Other, Specify:	
9. The cause(s) of corrosion selected in Question 8 is based on the following: (select all that apply):	
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
10. Location of corrosion (select all that apply):	
- Low point in pipe	
- Elbow	
- Drop-out	
- Other	
- If Other, Describe:	
11. Was the gas/fluid treated with corrosion inhibitor or biocides?	
12. Were any liquids found in the distribution system where the Incident occurred?	

Complete the following if any Corrosion Failure sub-cause is selected AND the "Part of system involved in incident" (from PART C, Question 2) is Main, Service, or Service Riser.	
13. Date of the most recent Leak Survey conducted	
14. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure**:**	
G2 – **Natural Force Damage** – only one **sub-cause** can be picked from shaded left-handed column	
Natural Force Damage – **Sub-Cause:**	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	
- If Other, Specify:	
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Specify:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Specify:	
- If Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event?	
6a. If Yes, specify *(select all that apply):*	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Specify:	
G3 – **Excavation Damage** – only one **sub-cause** can be picked from shaded left-hand column	
Excavation Damage – **Sub-Cause:**	Excavation Damage by Third Party
- If Previous Damage due to Excavation Activity: Complete the following ONLY IF the "Part of system involved in Incident" (from Part C, Question 2) is Main, Service, or Service Riser.	
1. Date of the most recent Leak Survey conducted	
2. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
Complete the following if any Excavation Damage sub-cause is selected.	
3. Did the operator get prior notification of the excavation activity?	Yes
3a. If Yes, Notification received from: *(select all that apply):*	
- One-Call System	Yes
- Excavator	
- Contractor	
- Landowner	
3b. Per the primary Incident Investigator report, did State law exempt the excavator from notifying the one-call center?	No
If yes, answer 3c through 3e.	
3c. (select only one)	

- If Other, Specify:	
3d. Exempting Authority:	
3e. Exempting Criteria:	
4. Do you want PHMSA to upload the following information to CGA-DIRT *(www.cga-dirt.com)?*	Yes
5. Right-of-Way where event occurred *(select all that apply):*	
- Public	Yes
- If Public, Specify:	City Street
- Private	
- If Private, Specify:	
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	Yes
- Federal Land	
- Unknown/Other	
6. Was the facility part of a Joint Trench:	No
7. Did this event involve a Cross Bore:	No
8. Measured Depth from Grade:	Measured depth From Grade
Measured depth From Grade in inches	42
9. Type of excavator:	Utility
10. Type of excavation equipment:	Directional Drilling
11. Type of work performed:	Telecommunications
12. Was the One-Call Center notified?	Yes
If No, skip to question 13	
12a. If Yes, specify ticket number:	2469288723
12b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:	Texas 811
12c. Was work area white lined:	No
13. Type of Locator:	Contract Locator
14. Were facility locate marks visible in the area of excavation?	Yes
15. Did the damage cause an interruption in service?	Unknown/Other
15a. If Yes, specify duration of the interruption:	
16. Description of the CGA-DIRT Root Cause *(select the predominant CGA-DIRT Root Cause):*	
- Root Cause Category:	Locating Issue
- Root Cause Type:	Facility marked inaccurately due to Locator error
(Comment required)	
G4 - Other Outside Force Damage - only one **sub-cause** can be selected from the shaded left-hand column	
Other Outside Force Damage – Sub-Cause:	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:	
1. Vehicle/Equipment operated by:	
If this sub-cause is picked, complete questions 7-13 below.	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:	
2. Select one or more of the following IF an extreme weather event was a factor:	
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Specify:	
- If Previous Mechanical Damage NOT Related to Excavation: Complete the following ONLY IF the "Part of system involved in Incident" (from Part C, Question 2) is Main, Service, or Service Riser.	
3. Date of the most recent Leak Survey conducted:	

4. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
- If Intentional Damage:	
5. Specify:	
- If Other, Specify:	
- If Other Outside Force Damage:	
6. Describe:	
Complete the following if Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is selected.	
7. Was the driver of the vehicle or equipment issued one or more citations related to the incident?	
If 7. is Yes, what was the nature of the citations (select all that apply)	
7a. Excessive Speed	
7b. Reckless Driving	
7c. Driving Under the Influence	
7d. Other:	
- If Other, Specify:	
8. Was the driver under control of the vehicle at the time of the collision?	
9. Estimated speed of the vehicle at the time of impact (miles per hour)?	0
Unknown	
10. Type of vehicle?	
11. Where did the vehicle travel from to hit the pipeline facility?	
12. Shortest distance from answer in 11. to the damaged pipeline facility *(in feet):*	
13. At the time of the incident, were protections installed to protect the damaged pipeline facility from vehicular damage?	
If 13. is Yes, specify type of protection *(select all that apply):*	
13a. Bollards/Guard Posts	
13b. Barricades, including "jersey" barriers and fences	
13c. Guard Rails	
13d. Meter Box	
13e. Ingress or Regress at a Residence	
13f. Other	
- If Other, Specify:	
G5 - Pipe, Weld, or Joint Failure - only one **sub-cause** can be selected from the shaded left-hand column	
Pipe, Weld or Joint Failure – Sub-Cause:	
- If Body of Pipe:	
1. Specify:	
- If Other, Describe:	
- If Butt Weld:	
2. Specify:	
- If Other, Describe:	
- If Fillet Weld:	
3. Specify:	
- If Other, Describe:	
- If Pipe Seam:	
4. Specify:	
- If Other, Describe:	
- If Mechanical Joint Failure	
5a. Specify the Mechanical Fitting Involved *(select only one)*	
Other Compression Type Fitting (specify):	
5b. Specify the Type of Mechanical Fitting *(select only one)*	
Other (specify):	

5c. Fitting Manufacturer:	
Unknown	
5d. Part or Model Number:	
Unknown	
5e. Fitting Material (select only one)	
Other (specify):	
5f. How did the joint failure occur? (select only one)	
Other (specify):	
- If Fusion Joint:	
6. Specify:	
- If Other, Specify:	
7. Year installed:	
8. Other attributes:	
9. Specify the two materials being joined:	
9a. First material being joined:	
- If Other, Specify:	
9b. Second material being joined:	
- If Other, Specify:	
- If Other Pipe, Weld, or Joint Failure:	
10. Describe:	
Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.	
11. Additional Factors *(select all that apply):*	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other	
- If Other, Specify:	
12. Was the Incident a result of:	
- Construction defect	
Specify:	
- Material defect	
Specify:	
- If Other, Specify:	
- Design defect	
- Previous damage	
13. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
G6 - Equipment Failure - only one **sub-cause** can be selected from the shaded left-hand column	
Equipment Failure – **Sub-Cause:**	
- If Malfunction of Control/Relief Equipment:	
1. Specify:	
- Control Valve	
- Instrumentation	
- SCADA	

- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- Pressure Regulator	
- Other	
- If Other, Specify:	
- If Threaded Connection Failure:	
2. Specify:	
- If Other, Specify:	
- If Non-threaded Connection Failure:	
3. Specify:	
- If Other, Specify:	
- If Valve:	
4. Specify:	
- If Other, Specify:	
4a. Valve type:	
4b. Manufactured by:	
4c. Year manufactured:	
4d. Valve Material:	
- If Other, Specify:	
- If Other Equipment Failure:	
5. Describe:	
G7 - Incorrect Operation - only one **sub-cause** can be selected from the shaded left-hand column	
Incorrect Operation Sub-Cause:	
- If Other Incorrect Operation:	
1. Describe:	
Complete the following if any Incorrect Operation sub-cause is selected.	
2. Was this Incident related to: *(select all that apply)*	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other	
- If Other, Describe:	
3. What category type was the activity that caused the Incident:	
4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?	
4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
G8 - Other Incident Cause - only one **sub-cause** can be selected from the shaded left-hand column	
Other Incident Cause – Sub-Cause:	
- If Miscellaneous:	
1. Describe:	
- If Unknown:	
2. Specify:	
Mandatory comment field:	
PART J - CONTRIBUTING FACTORS	
The Apparent Cause of the accident is contained in Part G. Do not report the Apparent Cause again in this Part J. If Contributing Factors were identified, select all that apply below and explain each in the Narrative:	
External Corrosion	

External Corrosion, Galvanic	
External Corrosion, Atmospheric	
External Corrosion, Stray Current Induced	
External Corrosion, Microbiologically Induced	
External Corrosion, Selective Seam	
Internal Corrosion	
Internal Corrosion, Corrosive Commodity	
Internal Corrosion, Water drop-out/Acid	
Internal Corrosion, Microbiological	
Internal Corrosion, Erosion	
Natural Forces	
Earth Movement, NOT due to Heavy Rains/Floods	
Heavy Rains/Floods	
Lightning	
Temperature	
High Winds	
Snow/Ice	
Tree/Vegetation Root	
Excavation Damage	
Excavation Damage by Operator (First Party)	
Excavation Damage by Operator's Contractor (Second Party)	
Excavation Damage by Third Party	
Previous Damage due to Excavation Activity	
Other Outside Force	
Nearby Industrial, Man-made, or Other Fire/Explosion	
Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	
Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment	
Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	
Electrical Arcing from Other Equipment or Facility	
Previous Mechanical Damage NOT Related to Excavation	
Intentional Damage	
Other underground facilities buried within 12 inches of the failure location	
Pipe/Weld Failure	
Design-related	
Construction-related	
Installation-related	
Fabrication-related	
Original Manufacturing-related	
Equipment Failure	
Malfunction of Control/Relief Equipment	
Threaded Connection/Coupling Failure	
Non-threaded Connection Failure	
Valve Failure	
Incorrect Operation	
Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage	
Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure	
Pipeline or Equipment Overpressured	
Equipment Not Installed Properly	
Wrong Equipment Specified or Installed	
Inadequate Procedure	
No procedure established	
Failure to follow procedures	

PART H - NARRATIVE DESCRIPTION OF THE INCIDENT

On July 16th, 2024, C4 Unlimited was performing boring excavation activities to install telecommunications conduit for Rise Broadband in the 1600 block of H St. in Floresville, Texas.

At 11:30am, CenterPoint Energy responded to a leak odor call at 1705 10th St. No gas leak on the property was detected by the technician; however, odor was detected. The CenterPoint Energy technician began investigating the vicinity for leaks. At 11:45am, the CenterPoint Energy tech was flagged down by contract locator representative and notified of possible damage to CenterPoint Energy's gas line in the 1600 block of H St. by C4 Unlimited. C4 Unlimited did not report the possible damage to CenterPoint Energy.

The CenterPoint Energy technician detected gas venting out of the ground at multiple locations along H St. The technician then began to check the sewer lateral at 1601 H St. and identified gas blowing. This prompted the technician to determine whether evacuations were necessary at this location and east of 1601 H St., in the direction of the possible bore path, as well as request additional resources from CenterPoint Energy.

At 12:00pm additional CenterPoint Energy resources arrived to assist with identifying the extent of the gas leak, opening sewer lateral clean outs to vent out gas from sewer system, as well as ensuring evacuations from the 1600 block of H St. It was later determined that the structures were previously evacuated by the Floresville Fire Department.

After evacuations were confirmed, the CenterPoint Energy construction crew established the damage location area and remote isolation point.

At 2:00pm, while the construction crew was excavating at the isolation point, the main structure at 1605 H St. exploded. The crew continued excavating the gas line and squeezed off the 2" plastic main at 2:05pm.

After the incident, it was determined that the contract locator incorrectly located and marked the 2" plastic main, which the excavator C4 Unlimited had damaged in several locations.

PART I - PREPARER AND AUTHORIZED PERSON

Preparer's Name	Elmer Selvera
Preparer's Title	Operations Specialist
Preparer's Telephone Number	281-755-2470
Preparer's E-mail Address	elmer.selvera@centerpointenergy.com
Preparer's Facsimile Number	
Local Contact Name:	Elmer Selvera
Local Contact Email:	Operations Specialist
Local Contact Phone:	281-755-2470
Authorized Signer's Name	Phillip Green
Authorized Signer's Title	Manager Gas Compliance
Authorized Signer's Email Address	@centerpointenergy.com

NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty as provided in 49 USC 60122.	OMB NO: 2137-0635 EXPIRATION DATE: 6/30/2026
U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**Original Report Date:** 08/15/2024
	No. 20240043-40077 --- (DOT Use Only)

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0635. Public reporting for this collection of information is estimated to be approximately 12 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding the burden or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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 PHMSA Pipeline Safety Community Web Page at https://www.phmsa.dot.gov/pipeline/library/forms*

PART A - KEY REPORT INFORMATION

Report Type: (select all that apply)	Original:	Supplemental:	Final:
		Yes	
Last Revision Date	10/08/2024		
1. Operator's OPS-issued Operator Identification Number (OPID):	4499		
2. Name of Operator	CENTERPOINT ENERGY RESOURCES CORPORATION		
3. Address of Operator:			
3a. Street Address	1111 LOUISIANA ST		
3b. City	Houston		
3c. State	Texas		
3d. Zip Code	77002		
4. Local time (24-hr clock) and date of incident:	07/16/2024 14:00		
4a. Time Zone for local time (select only one)	Central		
4b. Daylight Saving in effect?	Yes		
5. Location of Incident:			
5a. Street Address or location description	1605 H St		
5b. City	Floresville		
5c. County or Parish	Wilson		
5d. State:	Texas		
5e. Zip Code:	78114		
5f. Latitude / Longitude	29.13353, -98.14761		
6. Gas released:	Natural Gas		
- Other Gas Released Name:			
7. Estimated volume of gas released unintentionally: - thousand standard cubic feet (mcf)	51.51		
8. Estimated volume of intentional and controlled release/blowdown:thousand standard cubic feet (mcf)	0		
9. Were there fatalities?	No		
- If Yes, specify the number in each category:			
9a. Operator employees			
9b. Contractor employees working for the Operator			
9c. Non-Operator emergency responders			
9d. Workers working on the right-of-way, but NOT associated with this Operator			
9e. General public			
9f. Total fatalities (sum of above)	0		
10. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
10a. Operator employees			

10b. Contractor employees working for the Operator	
10c. Non-Operator emergency responders	
10d. Workers working on the right-of-way, but NOT associated with this Operator	
10e. General public	
10f. Total injuries (sum of above)	0
11. What was the Operator's initial indication of the Failure? *(select only one)*	Ground Patrol by Operator or its contractor
- If Other, Specify:	
11a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 11, specify.	Operator employee
12. Local time operator identified failure	07/16/2024 11:45
If 11 = Notification from Emergency Responder, skip questions 13 through 15.	
13. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident?	Yes
- If No, skip A14 and A15	
14. Which party initiated communication about the incident?	Operator
15. Local time of initial Operator and Local/State/Federal Emergency Responder communication	07/16/2024 14:15
16. Local time operator resources arrived on site:	07/16/2024 11:45
17. Local time of confirmed discovery:	07/16/2024 14:05
18. Local time (24-hr clock) and date of initial operator report to the National Response Center:	07/16/2024 15:31
19. Initial Operator National Response Center Report Number:	1404974
19a. Additional NRC Report numbers submitted by the operator:	1405079
20. Method of Flow Control *(select all that apply)*	
"Key/Critical" Valve – inspected in accordance with Part 192.747	
Main Valve other than "Key/Critical"	
Service (curb) Valve	
Meter/Regulator shut-off Valve	
Excess flow valve	
Squeeze-Off	Yes
Stopple fitting	
Other	
- If Other, Specify:	
21. Did the gas ignite?	Yes
If A21 = Yes, answer A21a through A21d.	
21a. Local time of ignition	07/16/2024 14:00
21b. How was the fire extinguished?	Local/State/Federal Emergency Responder
- If Other, Specify:	
21c. Estimated volume of gas consumed by fire (MCF): (must be less than or equal to A7.)	51.51
21d. Did the gas explode?	Yes
22. Number of general public evacuated:	5

PART B - ADDITIONAL LOCATION INFORMATION

1. Was the Incident on Federal land?	No
2. Location of Incident	Utility Right-of-way / Easement
3. Area of Incident:	Underground
Specify:	Under soil
If Other, Describe:	
3a. Depth of Cover:	42
3b. Were other underground facilities found within 12 inches of the failure location?	Yes
4. Did Incident occur in a crossing?	No
- If Yes, specify type below:	
- If Bridge crossing –	
Cased/ Uncased:	
- If Railroad crossing –	

Cased	
Uncased	
Bored/drilled	
- If Road crossing –	
Cased	
Uncased	
Bored/drilled	
- If Water crossing –	
Cased	
Uncased	
Bored/drilled	
Name of body of water (If commonly known):	
Approx. water depth at time and location of Incident (ft):	
(select only one):	

PART C - ADDITIONAL FACILITY INFORMATION

1. Indicate the type of pipeline system:	Investor Owned
- If Other, specify:	
2. Part of system involved in Incident:	Main
- If Other, specify:	
2a. Year item involved in the incident was installed:	2021
2b. Year item involved in the incident was manufactured:	2021
When 2.is any value other than "Main", "Main Valve", "District Regulator/Metering Station", or "Other":	
2c. Indicate the customer type: (select only one)	
2d. Was an EFV installed on the service line before the time of the incident?	
If 2d = Yes, then 2e. Did the EFV activate?	
2f. Was a curb valve installed on the service line before the time of the incident?	
3. When 2. is "Main" or "Service" answer 3a through c and 4:	
3a. Nominal Pipe Size:	2
3b. Pipe specification (e.g., API 5L, ASTM D2513):	ASTM 2406/2708
3c. Pipe manufacturer:	Duraline
4. Material involved in Incident:	Plastic
- If Other, specify:	
4a. If Steel, Specify seam type:	
- If Other, specify:	
4b. If Steel, Specify wall thickness (inches):	
4c. If Plastic, Specify type:	Polyethylene (PE)
- If Other, describe:	
4d. If Plastic, Specify Standard Dimension Ratio (SDR):	11
Or wall thickness:	
Unknown	
4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c:	
- Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)	2406
Unknown?	
5. Type of release involved :	Mechanical Puncture
- If Mechanical Puncture - Specify Approx. size:	
Approx. size: in. (axial):	1.00
in. (circumferential):	1.00
- If Leak - Select Type:	
- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: (widest opening):	
(length circumferentially or axially):	
- If Other - Describe:	

PART D - ADDITIONAL CONSEQUENCE INFORMATION	
1. Class Location of Incident:	Class 3 Location
2. Estimated Property Damage:	
2a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator	$500,000
2b. Estimated cost of Operator's property damage & repairs	$16,335
2c. Estimated cost of emergency response	$180
2d. Estimated other costs	$0
- Describe:	
2e. Property damage subtotal (sum of above)	$516,515
Cost of Gas Released	
Cost of Gas in $ per thousand standard cubic feet (mcf):	$9.7300
2f. Estimated cost of gas released unintentionally	$501
2g. Estimated cost of gas released intentionally during controlled release/blowdown	$0
2h. Total estimated cost of gas released (sum of 2f and g)	$501
2i. Estimated Total Cost (sum of 2e and 2h)	$517,016
3. Estimated number of customers out of service:	
3a. Commercial entities	0
3b. Industrial entities	0
3c. Residences	2
Injured Persons not included in A10 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A10. If a person is included in A10, do not include them in D4.	
4. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization:	0
If a person is included in 4, do not include them in 5.	
5. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident:	0
Buildings Affected	
6. Number of residential buildings affected (evacuated or required repair or had gas service interrupted):	3
7. Number of business buildings affected (evacuated or required repair or had gas service interrupted):	0

PART E - ADDITIONAL OPERATING INFORMATION	
1. Estimated pressure at the point and time of the Incident (psig):	30.00
2. Normal operating pressure at the point and time of the Incident (psig):	30.00
3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig):	60.00
3a. MAOP established by 49 CFR section:	192.619(a)(1)
3b. Date MAOP established:	06/29/2021
4. Describe the pressure on the system relating to the Incident:	Pressure did not exceed MAOP
5. Type of odorization system for gas at the point of failure:	by-pass
- If Other, Specify:	
6. Odorant level near the point of failure measured after the failure:	0.5
Not Measured	
7. Was a Supervisory Control and Data Acquisition (SCADA) based system in place on the pipeline or facility involved in the Incident?	Yes
- If Yes:	
7a. Was it operating at the time of the Incident?	Yes
7b. Was it fully functional at the time of the Incident?	Yes
7c. Did SCADA-based information (such as alarm(s), alert(s), event (s), and/or volume or pack calculations) assist with the initial indication of the Incident?	No

7d. Did SCADA-based information (such as alarm(s), alert(s), event (s), and/or volume calculations) assist with the confirmed discovery of the Incident?	No
8. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident? (select all that apply):	No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the Operator did not investigate)
- If "No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to:" *(provide an explanation for why the operator did not investigate)*	Failure did not exceed the detection threshold of the system.
- If Yes, Specify investigation result(s) *(select all that apply):*	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Provide an explanation for why not:	
- Investigation identified no control room issues	
- Investigation identified no controller issues	
- Investigation identified incorrect controller action or controller error	
- Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
- Investigation identified incorrect control room equipment operation	
- Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response	
- Investigation identified areas other than those above	
Describe:	

PART F - DRUG & ALCOHOL TESTING INFORMATION

1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. How many were tested:	
1b. How many failed:	
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. How many were tested:	
2b. How many failed:	

PART G - CAUSE INFORMATION

Select only one box from PART G in shaded column on left representing the Apparent Cause of the Incident, and answer the questions on the right. Enter secondary, contributing, or root causes of the Incident in Part J – Contributing Factors.

Apparent Cause:	G3 - Excavation Damage

G1 - Corrosion Failure – only one **sub-cause** can be picked from shaded left-hand column

Corrosion Failure Sub-Cause:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Specify:	
2. Type of corrosion:	
- Galvanic	

- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other	
- If Other, Describe:	
2a. If 2. is Stray Current, specify	
2b. Describe the stray current source:	
3. The type(s) of corrosion selected in Question 2 is based on the following:	
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
4. Was the failed item buried or submerged?	
- If Yes:	
4a. Was failed item considered to be under cathodic protection at the time of the incident?	
- If Yes, Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? (select all that apply)	
If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
Describe Other CP Survey:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
6. Pipeline coating type, if steel pipe is involved:	
- If Other, Describe:	
6a. Field Applied?	
- If Internal Corrosion:	
7. Results of visual examination:	
- If Other, Describe:	
8. Cause of corrosion (select all that apply):	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other	
- If Other, Specify:	
9. The cause(s) of corrosion selected in Question 8 is based on the following: (select all that apply):	
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
10. Location of corrosion (select all that apply):	
- Low point in pipe	
- Elbow	
- Drop-out	
- Other	
- If Other, Describe:	
11. Was the gas/fluid treated with corrosion inhibitor or biocides?	
12. Were any liquids found in the distribution system where the Incident occurred?	

Complete the following if any Corrosion Failure sub-cause is selected AND the "Part of system involved in incident" (from PART C, Question 2) is Main, Service, or Service Riser.	
13. Date of the most recent Leak Survey conducted	
14. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure**:**	
G2 – **Natural Force Damage** – only one **sub-cause** can be picked from shaded left-handed column	
Natural Force Damage – **Sub-Cause:**	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	
- If Other, Specify:	
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Specify:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Specify:	
- If Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event?	
6a. If Yes, specify *(select all that apply):*	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Specify:	
G3 – **Excavation Damage** – only one **sub-cause** can be picked from shaded left-hand column	
Excavation Damage – **Sub-Cause:**	Excavation Damage by Third Party
- If Previous Damage due to Excavation Activity: Complete the following ONLY IF the "Part of system involved in Incident" (from Part C, Question 2) is Main, Service, or Service Riser.	
1. Date of the most recent Leak Survey conducted	
2. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
Complete the following if any Excavation Damage sub-cause is selected.	
3. Did the operator get prior notification of the excavation activity?	Yes
3a. If Yes, Notification received from: *(select all that apply):*	
- One-Call System	Yes
- Excavator	
- Contractor	
- Landowner	
3b. Per the primary Incident Investigator report, did State law exempt the excavator from notifying the one-call center?	No
If yes, answer 3c through 3e.	
3c. (select only one)	

- If Other, Specify:	
3d. Exempting Authority:	
3e. Exempting Criteria:	
4. Do you want PHMSA to upload the following information to CGA-DIRT *(www.cga-dirt.com)?*	Yes
5. Right-of-Way where event occurred *(select all that apply):*	
- Public	Yes
- If Public, Specify:	City Street
- Private	
- If Private, Specify:	
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	Yes
- Federal Land	
- Unknown/Other	
6. Was the facility part of a Joint Trench:	No
7. Did this event involve a Cross Bore:	No
8. Measured Depth from Grade:	> 36”
Measured depth From Grade in inches	
9. Type of excavator:	Utility
10. Type of excavation equipment:	Directional Drilling
11. Type of work performed:	Telecommunications
12. Was the One-Call Center notified?	Yes
If No, skip to question 13	
12a. If Yes, specify ticket number:	2469288723
12b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:	Texas 811
12c. Was work area white lined:	No
13. Type of Locator:	Contract Locator
14. Were facility locate marks visible in the area of excavation?	Yes
15. Did the damage cause an interruption in service?	Unknown/Other
15a. If Yes, specify duration of the interruption:	
16. Description of the CGA-DIRT Root Cause *(select the predominant CGA-DIRT Root Cause):*	
- Root Cause Category:	Locating Issue
- Root Cause Type:	Facility marked inaccurately due to Locator error
(Comment required)	
G4 - Other Outside Force Damage - only one **sub-cause** can be selected from the shaded left-hand column	
Other Outside Force Damage – Sub-Cause:	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:	
1. Vehicle/Equipment operated by:	
If this sub-cause is picked, complete questions 7-13 below.	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:	
2. Select one or more of the following IF an extreme weather event was a factor:	
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Specify:	
- If Previous Mechanical Damage NOT Related to Excavation: Complete the following ONLY IF the "Part of system involved in Incident" (from Part C, Question 2) is Main, Service, or Service Riser.	
3. Date of the most recent Leak Survey conducted:	

4. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
- If Intentional Damage:	
5. Specify:	
- If Other, Specify:	
- If Other Outside Force Damage:	
6. Describe:	
Complete the following if Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is selected.	
7. Was the driver of the vehicle or equipment issued one or more citations related to the incident?	
If 7. is Yes, what was the nature of the citations (select all that apply)	
7a. Excessive Speed	
7b. Reckless Driving	
7c. Driving Under the Influence	
7d. Other:	
- If Other, Specify:	
8. Was the driver under control of the vehicle at the time of the collision?	
9. Estimated speed of the vehicle at the time of impact (miles per hour)?	0
Unknown	
10. Type of vehicle?	
11. Where did the vehicle travel from to hit the pipeline facility?	
12. Shortest distance from answer in 11. to the damaged pipeline facility *(in feet):*	
13. At the time of the incident, were protections installed to protect the damaged pipeline facility from vehicular damage?	
If 13. is Yes, specify type of protection *(select all that apply):*	
13a. Bollards/Guard Posts	
13b. Barricades, including "jersey" barriers and fences	
13c. Guard Rails	
13d. Meter Box	
13e. Ingress or Regress at a Residence	
13f. Other	
- If Other, Specify:	
G5 - Pipe, Weld, or Joint Failure - only one **sub-cause** can be selected from the shaded left-hand column	
Pipe, Weld or Joint Failure – Sub-Cause:	
- If Body of Pipe:	
1. Specify:	
- If Other, Describe:	
- If Butt Weld:	
2. Specify:	
- If Other, Describe:	
- If Fillet Weld:	
3. Specify:	
- If Other, Describe:	
- If Pipe Seam:	
4. Specify:	
- If Other, Describe:	
- If Mechanical Joint Failure	
5a. Specify the Mechanical Fitting Involved *(select only one)*	
Other Compression Type Fitting (specify):	
5b. Specify the Type of Mechanical Fitting *(select only one)*	
Other (specify):	

5c. Fitting Manufacturer:	
Unknown	
5d. Part or Model Number:	
Unknown	
5e. Fitting Material (select only one)	
Other (specify):	
5f. How did the joint failure occur? (select only one)	
Other (specify):	
- If Fusion Joint:	
6. Specify:	
- If Other, Specify:	
7. Year installed:	
8. Other attributes:	
9. Specify the two materials being joined:	
9a. First material being joined:	
- If Other, Specify:	
9b. Second material being joined:	
- If Other, Specify:	
- If Other Pipe, Weld, or Joint Failure:	
10. Describe:	
Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.	
11. Additional Factors *(select all that apply):*	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other	
- If Other, Specify:	
12. Was the Incident a result of:	
- Construction defect	
Specify:	
- Material defect	
Specify:	
- If Other, Specify:	
- Design defect	
- Previous damage	
13. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
G6 - Equipment Failure - only one **sub-cause** can be selected from the shaded left-hand column	
Equipment Failure – **Sub-Cause:**	
- If Malfunction of Control/Relief Equipment:	
1. Specify:	
- Control Valve	
- Instrumentation	
- SCADA	

- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- Pressure Regulator	
- Other	
- If Other, Specify:	
- If Threaded Connection Failure:	
2. Specify:	
- If Other, Specify:	
- If Non-threaded Connection Failure:	
3. Specify:	
- If Other, Specify:	
- If Valve:	
4. Specify:	
- If Other, Specify:	
4a. Valve type:	
4b. Manufactured by:	
4c. Year manufactured:	
4d. Valve Material:	
- If Other, Specify:	
- If Other Equipment Failure:	
5. Describe:	
G7 - Incorrect Operation - only one **sub-cause** can be selected from the shaded left-hand column	
Incorrect Operation Sub-Cause:	
- If Other Incorrect Operation:	
1. Describe:	
Complete the following if any Incorrect Operation sub-cause is selected.	
2. Was this Incident related to: *(select all that apply)*	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other	
- If Other, Describe:	
3. What category type was the activity that caused the Incident:	
4. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?	
4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
G8 - Other Incident Cause - only one **sub-cause** can be selected from the shaded left-hand column	
Other Incident Cause – Sub-Cause:	
- If Miscellaneous:	
1. Describe:	
- If Unknown:	
2. Specify:	
Mandatory comment field:	
PART J - CONTRIBUTING FACTORS	
The Apparent Cause of the accident is contained in Part G. Do not report the Apparent Cause again in this Part J. If Contributing Factors were identified, select all that apply below and explain each in the Narrative:	
External Corrosion	

External Corrosion, Galvanic	
External Corrosion, Atmospheric	
External Corrosion, Stray Current Induced	
External Corrosion, Microbiologically Induced	
External Corrosion, Selective Seam	
Internal Corrosion	
Internal Corrosion, Corrosive Commodity	
Internal Corrosion, Water drop-out/Acid	
Internal Corrosion, Microbiological	
Internal Corrosion, Erosion	
Natural Forces	
Earth Movement, NOT due to Heavy Rains/Floods	
Heavy Rains/Floods	
Lightning	
Temperature	
High Winds	
Snow/Ice	
Tree/Vegetation Root	
Excavation Damage	
Excavation Damage by Operator (First Party)	
Excavation Damage by Operator's Contractor (Second Party)	
Excavation Damage by Third Party	
Previous Damage due to Excavation Activity	
Other Outside Force	
Nearby Industrial, Man-made, or Other Fire/Explosion	
Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation	
Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment	
Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation	
Electrical Arcing from Other Equipment or Facility	
Previous Mechanical Damage NOT Related to Excavation	
Intentional Damage	
Other underground facilities buried within 12 inches of the failure location	
Pipe/Weld Failure	
Design-related	
Construction-related	
Installation-related	
Fabrication-related	
Original Manufacturing-related	
Equipment Failure	
Malfunction of Control/Relief Equipment	
Threaded Connection/Coupling Failure	
Non-threaded Connection Failure	
Valve Failure	
Incorrect Operation	
Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage	
Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure	
Pipeline or Equipment Overpressured	
Equipment Not Installed Properly	
Wrong Equipment Specified or Installed	
Inadequate Procedure	
No procedure established	
Failure to follow procedures	

PART H - NARRATIVE DESCRIPTION OF THE INCIDENT

On July 16th, 2024, C4 Unlimited was performing boring excavation activities to install telecommunications conduit for Rise Broadband in the 1600 block of H St. in Floresville, Texas.

At 11:30am, CenterPoint Energy responded to a leak odor call at 1705 10th St. No gas leak on the property was detected by the technician; however, odor was detected. The CenterPoint Energy technician began investigating the vicinity for leaks. At 11:45am, the CenterPoint Energy tech was flagged down by contract locator representative and notified of possible damage to CenterPoint Energy's gas line in the 1600 block of H St. by C4 Unlimited. C4 Unlimited did not report the possible damage to CenterPoint Energy.

The CenterPoint Energy technician detected gas venting out of the ground at multiple locations along H St. The technician then began to check the sewer lateral at 1601 H St. and identified gas blowing. This prompted the technician to determine whether evacuations were necessary at this location and east of 1601 H St., in the direction of the possible bore path, as well as request additional resources from CenterPoint Energy.

At 12:00pm additional CenterPoint Energy resources arrived to assist with identifying the extent of the gas leak, opening sewer lateral clean outs to vent out gas from sewer system, as well as ensuring evacuations from the 1600 block of H St. It was later determined that the structures were previously evacuated by the Floresville Fire Department.

After evacuations were confirmed, the CenterPoint Energy construction crew established the damage location area and remote isolation point.

At 2:00pm, while the construction crew was excavating at the isolation point, the main structure at 1605 H St. exploded. The crew continued excavating the gas line and squeezed off the 2" plastic main at 2:05pm.

After the incident, it was determined that the contract locator incorrectly located and marked the 2" plastic main, which the excavator C4 Unlimited had damaged in several locations.

PART I - PREPARER AND AUTHORIZED PERSON

Preparer's Name	Elmer Selvera
Preparer's Title	Operations Specialist
Preparer's Telephone Number	281-755-2470
Preparer's E-mail Address	elmer.selvera@centerpointenergy.com
Preparer's Facsimile Number	
Local Contact Name:	Elmer Selvera
Local Contact Email:	Operations Specialist
Local Contact Phone:	281-755-2470
Authorized Signer's Name	Phillip Green
Authorized Signer's Title	Manager Gas Compliance
Authorized Signer's Email Address	@centerpointenergy.com

Railroad Commission of Texas

Oversight and Safety Division

Pipeline Safety Department

Executive Closing

INSPECTION PACKAGE NUMBER: INSPPKG-0000101456

Operator: (006263) CENTERPOINT ENERGY ENTEX

Unit: (7083) C E ENTEX/PLEASANTON

Systems: For a complete listing of systems evaluated, refer to the Inspection Package. Systems found not to be in violation are excluded from the Executive Closing document. **Alleged violations are listed per system below.**

Date of Executive Closing: 10/17/2024

Operator Personnel Attending/Participating in the Executive Closing

Devenport, Leslie J - Senior Operations Specialist

Selvera Elmer O - Senior Operations Specialist

Green Phillip W – Manager Gas Compliance South

Gould Cory R – Damage Prevention Coordinator

Commission Personnel Attending/Participating in the Executive Closing

Christian Achonye - Pipeline Safety Inspector

The following alleged violation(s) were identified during the Pipeline Safety Evaluation / Inspection / Investigation and will be detailed within the official correspondence with the Company Executive, to follow. These observations are preliminary and are subject to further evaluation and modification.

System: FLORESVILLE

1. **Regulation:** Title 16, 18.8 (a)

   The Operator's Line Locator failed to use all information necessary to mark the underground pipelines accurately.

   Violation Note: Title 16, 18.8 (a)

Specifically, information provided by the operator indicates that the contractor employee did not mark the underground pipeline accurately at the time of the incident.

2. **Regulation:** 49 CFR 191.5(a)

   At the earliest practicable moment following discovery, but no later than one hour after confirmed discovery, the operator did not give notice to the National Response Center of a reportable incident as defined in § 191.3.

   Violation Note: 49 CFR 191.5(a)

   Specifically, information provided by the operator at the time of this accident investigation on PHMSA F 7100.1 (Rev 9-2023) A-18 dated on August 15, 2024, indicates the local date and time of initial notification to the National Response Centre (NRC # 1404974) was on July 16, 2024, at 03:31 p.m. following an incident which met reporting criteria/confirmed discovery on July 16, 2024, at 02:05 p.m.