Control and provide and provide and provide appendix and provide appendix and provide appendix and provide appendix	NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil pe 100,000 for each violation for each day that such violation persists except that the maximum exceed \$1,000,000 as provided in 49 USC 60122.		OMB NO: 2137-0522 EXPIRATION DATE: 8/31/202	0
No. 129 Oppartment of Transportation Pipeline and Hazardous Materials Safety Administration INCIDENT REPORT - GAS DISTRIBUTION SYSTEM A federal spercy 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 neuroiments of the pervices/Rescuber Act unless that collection of failure to comply with a collection of another acting the state of the collection of the colectin the collectin of the collection of the collectio		• .	08/16/2019	9
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12b. Contractor employees working for the Operator				
12d. Workers working on the right-of-way, but NOT associated with this Operator	12d. Workers working on the right-of-way, but NOT			
12e. General public	12e. General public			
12f. Total injuries (sum of above)		Maa		
13. Was the pipeline/facility shut down due to the incident? Yes - If No, Explain:		res		
- If Yes, complete Questions 13a and 13b: (use local time, 24-hr clock)		I		

Form PHMSA F 7100.1

13a. Local time and date of shutdown:	07/17/2019 11:58
13b. Local time pipeline/facility restarted:	07/17/2019 11:38
- Still shut down? (* Supplemental Report Required)	
14. Did the gas ignite?	Yes
15. Did the gas explode?	No
16. Number of general public evacuated:	2
17. Time sequence (use local time, 24-hour clock):	
17a. Local time operator identified Incident - effective 10-2014, "Incident"	07/17/2019 12:31
changed to "failure"	
17b. Local time operator resources arrived on site:	07/17/2019 12:03
PART B - ADDITIONAL LOCATION INFORMATION	
1. Was the Incident on Federal land?	No
2. Location of Incident	Private property
3. Area of Incident:	Aboveground
Specify:	
If Other, Describe:	
Depth of Cover:	
4. Did Incident occur in a crossing?	No
- If Yes, specify type below:	
- If Bridge crossing –	
Cased/ Uncased:	1
- If Railroad crossing –	1
Cased/ Uncased/ Bored/drilled	+
- If Road crossing –	+
Cased/ Uncased/ Bored/drilled	+
- If Water crossing –	
Cased/ Uncased	-
Name of body of water (If commonly known):	
Approx. water depth (ft):	
PART C - ADDITIONAL FACILITY INFORMATION	
1. Indicate the type of pipeline system:	Investor Owned
- If Other, specify:	
2. Part of system involved in Incident:	Outside Meter/Regulator set
- If Other, specify	
2a. Year "Part of system involved in Incident" was installed:	2005
3. When "Main" or "Service" is selected as the "Part of system involved in Incid	ent" (from PART C, Question 2), provide the following:
3a. Nominal diameter of pipe (in):	
3b. Pipe specification (e.g., API 5L, ASTM D2513):	
3c. Pipe manufacturer:	
3d. Year of manufacture:	
4. Material involved in Incident:	Steel
- If Other, specify:	
4a. If Steel, Specify seam type:	Unknown
None/Unknown?	
4b. If Steel, Specify wall thickness (inches):	Unknown
4c. If Plastic, Specify type:	
- If Other, describe:	
4d. If Plastic, Specify Standard Dimension Ratio (SDR):	
Or wall thickness	
4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Q	Jestion 4.c:
- Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.)	
Unknown?	
5. Type of release involved :	Leak
- If Mechanical Puncture - Specify Approx size:	
Approx. size: in. (axial)	
in. (circumferential):	
- If Leak - Select Type:	Other
- If Other, Describe:	Damage
- 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	\$ 1,000,000
property damage paid/reimbursed by the Operator – effective 6-2011,	
"paid/reimbursed by the Operator" removed	
Estimated cost of gas released – effective 6-2011, moved to item 2f	
	¢ 200
2b. Estimated cost of Operator's property damage & repairs	\$ 300
2c. Estimated cost of Operator's emergency response	\$ 3,400
2d. Estimated other costs	\$0
- Describe:	* 4 000 700
2e. Property damage subtotal (sum of above)	\$ 1,003,700
Cost of Gas Released	
2f. Estimated cost of gas released	\$ 58
Total of all costs	\$ 1,003,758
3. Estimated number of customers out of service:	• • • •
3a. Commercial entities	0
3b. Industrial entities	0
3c. Residences	1
PART E - ADDITIONAL OPERATING INFORMATION	
1. Estimated pressure at the point and time of the Incident (psig):	45.00
2. Normal operating pressure at the point and time of the Incident (psig):	45.00
3. Maximum Allowable Operating Pressure (MAOP) at the point and time of	60.00
the Incident (psig):	
4. Describe the pressure on the system relating to the Incident:	Pressure did not exceed MAOP
5. Was a Supervisory Control and Data Acquisition (SCADA) based system in	No
place on the pipeline or facility involved in the Incident?	
- If Yes:	
5a. Was it operating at the time of the Incident?	
5b. Was it fully functional at the time of the Incident?	
5c. Did SCADA-based information (such as alarm(s), alert(s),	
event(s), and/or volume or pack calculations) assist with the	
detection of the Incident?	
5d. Did SCADA-based information (such as alarm(s), alert(s),	
event(s), and/or volume calculations) assist with the confirmation of	
the Incident?	
6. How was the Incident initially identified for the Operator?	Notification from Third Party that caused the Incident
- If Other, Specify:	
6a. If "Controller", "Local Operating Personnel, including	
contractors", "Air Patrol", or "Ground Patrol by Operator or its	
contractor" is selected in Question 6, specify.	
	No, the facility was not monitored by a controller(s) at the time
7. Was an investigation initiated into whether or not the controller(s) or control	No, the facility was not monitored by a controller(s) at the time of the Incident
7. 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?	No, the facility was not monitored by a controller(s) at the time of the Incident
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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 App right. Describe secondary, contributing, or root causes of the Incident in the narra	
Apparent Cause:	G4 - Other Outside Force Damage
G1 - Corrosion Failure – only one sub-cause can be picked from shaded le	ft-hand column
Corrosion Failure Sub-Cause:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Specify:	
2. Type of corrosion: - Galvanic	
- Gaivanic - Atmospheric	
- Atmospheric - Stray Current	
- Microbiological	
- Selective Seam	
- Other	
- If Other, Describe:	
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 under the ground?	
- 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?	
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:	
- 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:	
- 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	
- 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: (see	elect 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 Question 2) is Main, Service, or Service Riser.	e "Part of system involved in incident" (from PART C,
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 sha	ded 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?	
6.a 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:	
- If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main, Service, or Service Riser.	NLY IF the "Part of system involved in Incident" (from Part C,
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 Excavation Damage by Third Party is selected.	
3. Did the operator get prior notification of the excavation activity?	
3a. If Yes, Notification received from: (select all that apply):	
- One-Call System	

Contractor Contractor Contractor Contractor Contractor Contractor Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected. De you warn PHMSA to uplead the following information to CGA-DIRT (Week addition of the contract for the selected function of the contract for the selected function of the contract for the selected function of the contract for the contrecont for the contract for the contract for the con	- Excavator	
Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected. 4. Do you want PHMSA to upload the following information to CGA-DIRT (5. Right-D-Way where even occurred (select all that apply) 7. Public 7. Publi		
4. Do you want PHMSA to upload the following information to CGA-DIRT (www.capetit.com)? 5. Right-of-Way where event occurred (select all that apply). - Public - Public - Public - Private - If Public, Specify: - Private - Private - If Public, Specify: - Private - Private - If Public, Specify: - Private - Potential Public Utily, Easement - Poderated Public Utily, Easement		
www.cadifi.com)?	Complete the following mandatory CGA-DIRT Program questions if any Exca	vation Damage sub-cause is selected.
Public If Public, Specify: Private If Private		
Private II Private II Private, Specify: Property/Easement Proverfyrammission Line Railroad Railroad Proverfyrammission Line Railroad Railroad Railroad Railroad Railroad Railroad Proverfyramission Practices Railroad Railroad Railroad Railroad Railroad Railroad Railroad Railroad Railroad Proverfyramission Railroad Railr		
- If Private, Specify: - Pipeline Property/Easement - Power/Transmission Line - Rairoad - Batroad - Bedicated Public Utility Easement - Ederatel Rubit - Othan own/Other - Othan own/Other - Type of excavation requipment : - Ruiroawn/Other - Type of excavation requipment : - Ruiro Caula: - Ruiro Ruiro: - If Other: Noe of Ruiro: - Ruiro: - If Chenero Caula: - Ruiro: - If Other:	- If Public, Specify:	
Property-Exercises and the second base of the		
Power/Transmission Line Railroad Outcode Podicated Public Utility Easement Pederatel Public Utility Easement Pederatel Public Utility Easement Pederatel And Oata not collected Unknown/Other Type of excavator : Type of excavator : Type of excavator experiment Power/Transmission Line Vinknown/Other Power/Transmission Line Vinknown/Other Type of excavator : Type of excavator : Type of excavator experiment Vinknown/Other Power/Transmission Line Vinknown/Other Vinder/Vone of the Above, explain: Vinderation Practices Not Suf		
Dedicated Public Utility Easement Pedieral Land Data not collected Data not collected Uhichown/Other Type of excavator: Type of excavator explorement Type of excavator		
- Federal Land - Data not collected - Uhdrown/Other - Uhdrown/Other - Type of excavator aujument : - Type of excavator aujument : - Type of excavator - Type of excavator - Stype of work performed : - Stype of work work performed : - Stype of work work performed : - Stype of work work work work work work work work		
Obtain not collected Other Norther Other Ot		
- Unknown/Other - Type of excavator - Typ		
6. Type of exavator: : 7. Type of exavator: : 8. Type of work performed : 9. Wes the One-Call Center notified? 9. Wes the One-Call Center notified? 9. Wes the One-Call Center notified? 9. Wes the Some Call Center notified? 10. Type of Locator: 11. Were facilities marked correctly? 12. Were facilities marked correctly? 13. Did the damage cause an interruption in service? 13. Bit Yes, specify duration of the interruption: 14. Description of the CGA-DIRT Root Cause os well? 15. Root Cause Description: 16. If Yes interruption: 17. Root Cause Description: 18. If Yes, specify duration of the interruption: 19. Root Cause Description: 10. Tore Call Notification Practices Not Sufficient, specify: 11. If Cher-Call Notification Practices Not Sufficient, specify: 11. If CherCouse Description: 11. Other/None of the Above, explain: 11. Veries Market Correct Damage - only one sub-cause can be selected from the shaded left-hand column 11. Veriel/Second Damage - only one sub-cause can be selected from the shaded left-hand column 11. Veriel/Second Damage - only one sub-cause can be selected from the shaded left-hand column 11. Veriel/Second Damage - only one sub-cause can be selected from the shaded left-hand column 12. Veriel/Second Damage - only one sub-cause can be selected from the shaded left-hand column 13. Veriel/Second Damage - Sub-Cause: 14. Deamage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation: 14. Veriel/Second Damage - Sub-Cause: 15. Veriel/Second Damage NOT Related to Excavation: 16. Veriel/Second Damage NOT Related to Excavation: 17. Verie Store Damage NOT Related to Excavation: 17. Verie Store Damage NOT Related to Excavation: 18. Verie Store Science Riser. 29. Date of the most recent Leak Survey conducted: 19. Hintentional Damage: 20. Second P. Seco		
7. Type of work performed : 9. Was the One-Call Center notified? 9. Was the One-Call Center notified? 9. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified? 10. Type of Locator. 11. Where facility locate marks visible in the area of excavation? 12. Were facilities marked correctly? 13. Differentiaties marked correctly? 13. Differentiaties marked correctly? 13. Differentiaties marked correctly? 14. Description of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant excond level CGA-DIRT Root Cause as well? • Root Cause Description: • If One-Call Notification Practices Not Sufficient, specify: • If Chere Outside Force Damage - only one sub-cause can be selected from the shaded left-hand column Other Outside Force Damage - sub-Cause: Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation: • If Damage by Boats, Barges, Drilling Rigs, or Other Martitime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Moring: • Select one or more of the following IF an extreme weather event was a factor: • Horicane • Tormado • Hervious Mechanical Damage NOT Related to Excavation: Complete the following ONLY IF the "Part of system inv		
8. Type of work performed : 9. Was the One-Call Center notified? 9. Was the One-Call Center notified? 9. If Yes, specify licket number: 9. If Yes, specify licket number: 9. If the is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified? 10. Type of Locator: 11. Were facilities marked correctly? 12. Were facilities marked correctly? 13. Did the damage cause an interruption is service? 13. Lif Yes, specify duration of the interruption: 14. Description of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well): 15. Root Cause Description: 16. Tone-Call Notification Practices Not Sufficient, specify: 17. If Locate Practices Not Sufficient, specify: 18. If Yes, specify duration of the Above, explain: 19. Other Notside Force Damage - ouly one sub-cause can be selected from the shaded left-hand column 10. Other Outside Force Damage - Sub-Cause: 10. Damage by Car, Truck, or Other Motorized Vehicle/Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their 10. Vehicle/Equipment operated by: 10. Vehicle/Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their 10. Tornado 10. Homage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their 10. Tornado 10. Heavy, Rains/Flood 10. Hother, Specify: 11. If Other, Specify: 12. Select one or more of the following IF an extreme weather event was a factor: 14. Hourding Particelee MT Reader Cause and fails. 14. Bas or or more pressure test been conducted since original construction 14. Heavy, Rains/Flood 15. Date of the most recort Leak Survey conducted: 15. Specify: 16. Huterional Damage: 16. Specify: 16. Huterional Damage: 17. Fordust Force Damage: 18. Other Outside Force Damage: 19. Hother, Specify: 10. Hother, Specif		
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Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.		
24. Additional Factors (select all that apply):		
- Dent		
- Gouge		
- Pipe Bend		
- Arc Burn		
- Crack		
- Lack of Fusion		
- Lamination		
- Buckle		
- Wrinkle		
- Misalignment - Burnt Steel		
- Other		
- Other, Specify:		
25. Was the Incident a result of:		
- Construction defect		
Specify:		
- Material defect		
Specify:		
- If Other, Specify:		
- Design defect		
- Previous damage		
26. 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 shad	ded left-hand column	
Equipment Failure – Sub-Cause:		
- If Malfunction of Control/Relief Equipment:		
1. Specify:		
- Control Valve		
- Instrumentation - SCADA		
- 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:		
- 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 s	haded left-hand column	
Other Incident Cause – Sub-Cause:		
- If Miscellaneous:		
1. Describe:		
- If Unknown:		
2. Specify:		
PART H - NARRATIVE DESCRIPTION OF THE INCIDENT		
Dominion Energy Utah (DEU) was notified on July 17, 2019 at 11:38 from a customer (3rd party) of a damaged and leaking meter. DEU responded to find that the natural gas meter had been pulled off of the riser and fuel line by a vehicle. The escaping gas from the damaged meter caught fire and ignited causing the residence to catch on fire. Upon DEU arrival, the local fire department had already arrived and was able to stop the flow of gas by turning the service valve at approximately 11:58 am. After the area was cleared by the fire department, DEU crews leak screened the area and pressure tested the service line with no leaks found. DEU then retired the service line to the residence.		
PART I - PREPARER AND AUTHORIZED SIGNATURE		
Preparer's Name	Lauren Skufca	
Preparer's Title	Engineer-Compliance	
Preparer's Telephone Number	8013243746	
Preparer's E-mail Address	lauren.l.skufca@dominionenergy.com	
Preparer's Facsimile Number		
Authorize Signature's Name	Reid Hess	

Manager- Gas Operations reid.hess@dominionenergy.com

Authorized Signature's Title Authorized Signature's Email Address