

**Moch, Alan G.**

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**From:** Patrick-Ward, Donna [Donna.Patrick@nustarenergy.com]  
**Sent:** Friday, August 21, 2009 9:40 AM  
**To:** Moch, Alan G.  
**Subject:** RE: Nustar Complaint Submitted May 4, 2009  
**Attachments:** Attorney General Complaint Form Riley Bro..pdf

Here is the completed for per your request.

At this time I have nothing further to add. Thank you for all of your help.

Sincerely,

Donna Patrick  
One Call Coordinator  
Nustar Pipeline Operating Partnership L.P  
7340 West 21st North., Suite 200  
Wichita, KS 67205  
316-721-7073  
[donna.patrick@nustarenergy.com](mailto:donna.patrick@nustarenergy.com)

**From:** Moch, Alan G. [mailto:amoch@nd.gov]  
**Sent:** Wednesday, August 19, 2009 6:58 AM  
**To:** Patrick-Ward, Donna  
**Cc:** Jeffcoat-Sacco, Illona; Fahn, Patrick J.  
**Subject:** Nustar Complaint Submitted May 4, 2009  
**Importance:** High

Ms Ward:

I apologize for the delay in contacting you regarding your complaint alleging a violation of North Dakota's one call law. The Commission recently approved staff's Damage Prevention Plan for North Dakota (see attached), and we are now able to process your complaint.

Please also see attached the Commission's required complaint form for you to fill-out and email back to me. Also, if you have anything new you would like to include in that re-submittal since your submittal on May 4<sup>th</sup>, please email me that as well.

Thank you for your patience in this matter,

Alan Moch, Director  
Testing & Safety Division  
ND Public Service Commission  
701-328-2413

3 **WM-09-640** Filed: 8/21/2009 Pages: 3  
Email & NDPSC Third Party Damage Complaint Form



### THIRD PARTY DAMAGE COMPLAINT

Public Service Commission  
SFN 59067 (7-09)

#### PART A - WHO IS SUBMITTING THIS COMPLAINT

Information Being Submitted By <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company*	Company/Organization NUSTAR TOP, LP	Person Filing Information DONNA PATRICK	Position ONE CALL COORDINATOR
Address of Person Filing Information 7340 W 21 <sup>ST</sup> N.	City WICHITA	State KS	Zip Code 67205
Telephone Number (316) 721-7073	Email Address donna.patrick@nustarenergy.com	Date 8-21-09	

#### PART B - DATE AND LOCATION OF THE EVENT

Date of Event 4-30-09	Description of Event EXCAVATOR PERFORMING WORK WITHOUT A TICKET	Address of the Excavation and/or Damage 9 <sup>TH</sup> STREET & 19 <sup>TH</sup> ST
County CASS	City WEST FARGO CITY	State ND

#### PART C - WHO ALLEGEDLY VIOLATED THE ONE-CALL REGULATIONS

Name of Excavator RILEY BROTHER'S CONSTRUCTION	Telephone Number (320) 589-2500
Address PO BOX 535	City MORRIS
Name of Entity for Which Excavation Was Performed INDUSTRIAL BUILDERS / NORTH DAKOTA DOT	Telephone Number (701) 282-4977
Address 1307 COUNTY ROAD 17 N	City WEST FARGO CITY

#### PART D - ADDITIONAL INFORMATION

Was a locate requested from North Dakota One-Call?

Yes    Locate Ticket Number    Start Date on Ticket

No

Unknown

Did excavator wait until the start date/time on the ticket before commencing excavation?

Yes     No     Unknown     N/A

Were buried facilities exposed by hand or non-invasive equipment prior to excavation?

Yes     No     Unknown     N/A

#### PART E - FACILITY INVOLVED

Type of Facility Involved REFINED PRODUCTS	Operator of Facility and Contact Person (if known) NUSTAR PIPELINE OPERATING PARTNERSHIP
Address 7340 W. 21 <sup>ST</sup> NORTH	City WICHITA
Telephone Number (316) 721-7073	State KS
	Zip Code 67205
	Email Address (if known) donna.patrick@nustarenergy.com
Brief Description of Facility Involved	

**PART F – MARKING** - WORK WAS ALREADY IN PROGRESS

Were facilities marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A
Were utility/facility marks visible in the area of excavation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A
Were the utility/facilities marked correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A
Was the marking complete prior to the start time on the ticket?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A
Did the excavator pre-mark with white paint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A
Was the facility marked accurately (within 18 inches)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A
Did the excavator use reasonable care to maintain locate marks for the life of project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> N/A

**PART G – DAMAGE (if applicable)** - NA -

Fatalities	Injuries	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$		Number of Customers Affected
Damaged In <input type="checkbox"/> Public <input type="checkbox"/> Private		Photos of Damaged Facility <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please include copies)
Additional Information		

**PART H – SIGNATURE**

Signature of Person Filing Complaint <i>Donna M Patrick</i>	Date 8-21-09
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Please include additional documents and photos, if applicable.

**\*If you are filing on behalf of a company, please provide information supporting your authority to file this complaint.**

Send Completed, Original Complaint To:  
 Public Service Commission  
 Testing and Safety Division  
 600 E Boulevard Ave Dept 408  
 Bismarck ND 58505-0480  
 Telephone: (701) 328-2400