



**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 City of Granville	Person Filing Information Nancy A Mueller	Position City Auditor
Address of Person Filing Information PO Box 39	City Granville	State ND	Zip Code 58741
Telephone Number 701-728-6369	Email Address granville@	Date 8-11-10	

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

Date of Event 7-10-10	Description of Event Homeowner excavating on own property	Address of the Excavation and/or Damage 407 3 <sup>rd</sup> St SW	
County McHenry	City Granville	State ND	Zip Code 58741

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

Name of Excavator Kathy + Donovan Nelson (Property Owner)	Telephone Number 701-728-6818
Address 407 3 <sup>rd</sup> St SW	City Granville
Name of Entity for Which Excavation Was Performed Self	Telephone Number
Address	City
State	Zip Code

**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 City of Granville Propane Distribution	Operator of Facility and Contact Person (if known) Contact: Nancy A Mueller		
Address 103 3 <sup>rd</sup> St SW	City Granville	State ND	Zip Code 58741-0039
Telephone Number 701-728-6369	Email Address (if known) granville@srt.com		
Brief Description of Facility Involved Service line serving excavator's house.			

**PART F – MARKING**

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

**PART G – DAMAGE (if applicable)**

Fatalities <i>None</i>	Injuries <i>None</i>	Length of Hospitalization, if Applicable <i>N/A</i>
Estimated Value of Property Damage: \$ <i>684.90</i>		Number of Customers Affected
Damaged In <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		Photos of Damaged Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please include copies)
Additional Information <i>None</i>		

**PART H – SIGNATURE**

Signature of Person Filing Complaint <i>Nancy A Mueller</i>	Date <i>8-11-10</i>
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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