



Public Service Commission

State of North Dakota

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10 August, 2012

Ceres Environmental Services, Inc.
3825 85th Ave. N
Brooklyn Park, MN 55443

Re: Third Party Damage Complaint
Case No. GS-12-669

Dear Ceres Associate:

Enclosed is a copy of a Third Party Damage Complaint against Ceres Environmental Services, Inc. (Ceres) received by the North Dakota Public Service Commission on June 29, 2012 from Aux Sable Midstream.

Please respond to the Commission by **July 28, 2012**, with your written account of the event. Your response, the complaint, and other available information will be reviewed to determine whether Commission staff will file a formal complaint.

Your response should also address the following criteria used to determine the amount of civil penalty, if any, to be recommended by Commission staff as part of a formal complaint:

- a) The nature, circumstances, and severity of the complaint;
- b) The degree of suspected fault on the part of Ceres;
- c) Ceres' history of prior violations or complaints;
- d) Ceres' ability to pay;
- e) Any good faith effort by Ceres in attempting to achieve compliance; and
- f) The effect the penalty may have on Ceres' ability to continue in business.

If you have any questions please call or e-mail me at 701-220-5779 or aarmorman@nd.gov.

Best regards,

Aaron A Morman
Pipeline Safety Inspector/Program Manager

Enclosures

C: Kris Nielsen, Aux Sable Midstream



THIRD PARTY DAMAGE COMPLAINT

Public Service Commission
SFN 59067 (12-11)

PART A – WHO IS SUBMITTING THIS COMPLAINT

Information Being Submitted By <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company*	Company/Organization Aux Sable Midstream	Person Filing Information Kris Nielsen	Position Superintendent of Aux Sable Midstream, Palermo	
Address of Person Filing Information 6138 74th Ave. NW	City Palermo	State ND	Zip Code 58769	
Telephone Number (701) 628-9381	Email Address kris.nielsen@auxsable.com	Date 06/29/2012		

PART B – WHO ALLEGEDLY VIOLATED THE ONE-CALL REGULATIONS

Name of Excavator Ceres Environmental		Telephone Number (504) 818-8132		
Address 3825 85th Ave. N	City Brooklyn Park	State MN	Zip Code 55443	
Name of Entity for Which Excavation Was Performed County of Mountrail		Telephone Number (701) 628-4444		
Address	City Stanley	State ND	Zip Code 58784	

PART C – DATE AND LOCATION OF THE EVENT

Date of Event 06/29/2012	Address of the Excavation and/or Damage 6138 74th Ave. NW			
County Mountrail	City Palermo	State ND	Zip Code 58769	

PART D – FACILITY INVOLVED

Type of Facility Involved Natural Gas Transmission Line	Operator of Facility and Contact Person (if known) Williston Basin Interstate Pipeline (WBI)			
Address	City Bismarck	State ND	Zip Code	
Telephone Number (701) 204-8143	Email Address (if known)			
Brief Description of Facility Involved Excavation work to widen 74th Ave. NW in Mountrail County was being performed. A Aux Sable employee noticed that WBI's high pressure natural gas transmission pipeline had not been located and excavation over the pipeline was being performed.				

PART E – DAMAGE (if applicable)

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

PART F – EXCAVATION

Was a locate requested from North Dakota One-Call?	
<input type="checkbox"/> Yes Locate Ticket Number _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Start Date on Ticket <input style="width: 100px; height: 20px;" type="text"/>
Did excavator wait until the start date/time on the ticket before commencing excavation?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A	
Were buried facilities exposed by hand or non-invasive equipment prior to excavation?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	

PART G – MARKING

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 24 inches horizontally?	<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 H – DESCRIPTION OF EVENT

Description of Event	<p>A contractor was excavating the roadway in front of our facility. It was noticed that they were excavating right over a known high pressure gas line. The contractor was told to immediately stop digging. The owners of the gas pipeline were notified. We requested the contractor to show their North Dakota One Call and they stated they did not have one on site. After further investigation, it appears that the contractor did not have a valid North Dakota One Call. Owners of the pipeline and engineers evaluated the site and asked that the hole be back filled.</p>
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Description of Event Continued

[Large empty rectangular box for event description]

PART I - SIGNATURE

Signature of Person Filing Complaint
[Handwritten Signature]

Date

6-29-12

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
600 E Boulevard Ave Dept 408
Bismarck ND 58505-0480
Telephone: (701) 328-2400

Email to the Commission



