



**Public Service Commission**  
State of North Dakota

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**COMMISSIONERS**

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July 12, 2013

Todd Backman  
TIMBER RIDGE PLUMBING & HEATING, INC.  
1104 S 23<sup>RD</sup> ST  
BISMARCK, ND 58604

Re: Third Party Damage Complaint

Dear Mr. Backman:

Enclosed is a copy of a Third Party Damage Complaint against TIMBER RIDGE PLUMBING & HEATING INC. (Timber Ridge) received by the North Dakota Public Service Commission (Commission) on June 17, 2013 from MONTANA DAKOTA UTILITIES (MDU). The location of the damage was at 4000 Old West Trail in the county of Morton in the city of Mandan in North Dakota.

Please respond to the Commission by **August 5, 2013**, 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 TIMBER RIDGE;
- c) TIMBER RIDGE's history of prior violations or complaints;
- d) TIMBER RIDGE's ability to pay;
- e) Any good faith effort by TIMBER RIDGE in attempting to achieve compliance; and
- f) The effect the penalty may have on TIMBER RIDGE's ability to continue in business.

North Dakota Century Code section 49-07-01.1 provides for a civil penalty not to exceed five thousand dollars for violations of the One Call law.

If you have any questions, please call or e-mail me at 701-220-5779 or [aarmorman@nd.gov](mailto:aarmorman@nd.gov).

Best regards,

Aaron A Morman  
Pipeline Safety Inspector/Program Manager



**THIRD PARTY DAMAGE COMPLAINT**  
Public Service Commission  
SFN 59067 (11-12)

**PART A – WHO IS SUBMITTING THIS COMPLAINT**

Information Being Submitted By <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company	Company/Organization Montana Dakota Utilities	Person Filing Information Mike Schoepp	Position Region Gas Superintendent	
Address of Person Filing Information PO Box 1457	City Bismarck	State ND	Zip Code 58502	
Telephone Number 701-224-5814	Email Address micheal.schoepp@mdu.com	Date 6/17/13		

**PART B – WHO ALLEGEDLY VIOLATED THE ONE-CALL REGULATIONS**

Name of Excavator Timber Ridge Plumbing and Heating		Telephone Number 701-751-4131	
Address 1104 S 23rd Street	City Bismarck	State ND	Zip Code 58504
Name of Entity for Which Excavation Was Performed homeowner		Telephone Number	
Address 4000 Old Red Trail	City Mandan	State ND	Zip Code 58554

**PART C – TIME AND LOCATION OF THE EVENT**

Date and Time of Event 9:20 am 6/14/13	Address of the Excavation and/or Damage 4000 Old Red Trail		
County Morton	City Mandan	State ND	Zip Code 58554

**PART D – FACILITY INVOLVED**

Type of Facility Involved 2" gas main	Operator of Facility and Contact Person (if known) Montana Dakota Utilities		
Address 400 N 4th Street	City Bismarck	State ND	Zip Code 58501
Telephone Number	Email Address (if known)		
Brief Description of Facility Involved 2" plastic gas main			

**PART E – DAMAGE (if applicable)**

Fatalities none	Injuries none	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$ \$2,000		Number of Customers Affected 7
Damaged Within <input checked="" type="checkbox"/> Public Property <input type="checkbox"/> Private Property		Photos of Damaged Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please include copies)

**PART F – EXCAVATION**

Was a locate requested from North Dakota One-Call?		Start Date on Ticket
<input checked="" type="checkbox"/> Yes    Locate Ticket Number	<input type="checkbox"/> No	13050864 - 5/22/13
<input type="checkbox"/> Unknown		
Did excavator wait until the start date/time on the ticket before commencing excavation?		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown <input 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Were utility/facility marks visible in the area of excavation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Were the utility/facilities marked correctly?	<input checked="" type="checkbox"/> Yes	<input 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 checked="" type="checkbox"/> Yes	<input 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 type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Was the facility marked accurately within 24 inches horizontally?	<input checked="" type="checkbox"/> Yes	<input 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 type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> N/A

**PART H – DESCRIPTION OF EVENT**

Description of Event
Contractor hit 2" gas main while installing sewer line. They potholed the line about 10 feet away and hit in a different location. Locates were accurate but the locate ticket had expired also.

Description of Event Continued

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**PART I - SIGNATURE**

Signature of Person Filing Complaint

Michael Schoepp

Date

6/17/13

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