



### 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 6/20/13	

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

Name of Excavator Rodenbough Trucking and Excavating		Telephone Number 701-580-6812	
Address PO Box 339	City Surrey	State ND	Zip Code 58785
Name of Entity for Which Excavation Was Performed Longhorn Steakhouse		Telephone Number N/A	
Address 1707 22nd Ave SW	City Minot	State ND	Zip Code 58701

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

Date and Time of Event 6/19/13 - 9:00 am	Address of the Excavation and/or Damage 1707 22nd Ave SW		
County Ward	City Minot	State ND	Zip Code 58701

#### PART D – FACILITY INVOLVED

Type of Facility Involved Natural Gas	Operator of Facility and Contact Person (if known) MDU and Mike Schoepp		
Address PO Box 1457	City Bismarck	State ND	Zip Code 58502
Telephone Number 701-224-5814	Email Address (if known) micheal.schoepp@mdu.com		
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: \$ \$500		Number of Customers Affected none
Damaged Within <input type="checkbox"/> Public Property <input checked="" 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?	
<input checked="" type="checkbox"/> Yes    Locate Ticket Number <input type="checkbox"/> No <input type="checkbox"/> Unknown	Start Date on Ticket <span style="border: 1px solid black; padding: 2px;">6/20/13 #13077798</span>
Did excavator wait until the start date/time on the ticket before commencing excavation?	
<input type="checkbox"/> Yes <input checked="" 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 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 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 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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input 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  Contractor started before locate was good. They did not wait for the locate ticket to clear the 48 hours.
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**Description of Event Continued**

[Empty box for description of event]

**PART I – SIGNATURE**

Signature of Person Filing Complaint	Date
Micheal Schoepp <input type="checkbox"/>	6/20/13 <input type="checkbox"/>

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**