



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 7/26/13		

PART B – WHO ALLEGEDLY VIOLATED THE ONE-CALL REGULATIONS

Name of Excavator Tom's Backhoe		Telephone Number 218-828-4232	
Address 323 Woodland Hills Lane	City Brainerd	State MN	Zip Code 56401
Name of Entity for Which Excavation Was Performed city of Minot		Telephone Number	
Address	City	State	Zip Code

PART C – TIME AND LOCATION OF THE EVENT

Date and Time of Event 7/26 @ 12:30 pm	Address of the Excavation and/or Damage 3500 SW 4th Street		
County Ward	City Minot	State ND	Zip Code 58701

PART D – FACILITY INVOLVED

Type of Facility Involved natural gas line	Operator of Facility and Contact Person (if known) MDU - 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 1" service line feeding building.			

PART E – DAMAGE (if applicable)

Fatalities none	Injuries none	Length of Hospitalization, If Applicable n/a
Estimated Value of Property Damage: \$ \$500		Number of Customers Affected 1
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?	
<input checked="" type="checkbox"/> Yes Locate Ticket Number <input type="checkbox"/> No <input type="checkbox"/> Unknown	Start Date on Ticket 7/23/13
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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A

PART H – DESCRIPTION OF EVENT

Description of Event contractor hit 1" service line, said he thought it was the same depth as the other service down the road.

Description of Event Continued

PART I – SIGNATURE

Signature of Person Filing Complaint Mike Schoepp	Date 7/26/13
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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
600 E Boulevard Ave Dept 408
Bismarck ND 58505-0480
Telephone: (701) 328-2400

Email to the Commission