



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 9/12/13		

PART B – WHO ALLEGEDLY VIOLATED THE ONE-CALL REGULATIONS

Name of Excavator Buffalo Concrete		Telephone Number 701-400-7250	
Address 3640 32nd Ave	City Mandan	State ND	Zip Code 58554
Name of Entity for Which Excavation Was Performed Triton Homes		Telephone Number	
Address	City	State	Zip Code

PART C – TIME AND LOCATION OF THE EVENT

Date and Time of Event 9/10/13 4:00 PM	Address of the Excavation and/or Damage 5213 Beaver Creek Place		
County Burleigh	City Bismarck	State ND	Zip Code 58504

PART D – FACILITY INVOLVED

Type of Facility Involved natural gas main	Operator of Facility and Contact Person (if known) MDU - Mike Schoepp		
Address	City	State	Zip Code
Telephone Number	Email Address (if known)		
Brief Description of Facility Involved 2" plastic gas main			

PART E – DAMAGE (if applicable)

Fatalities na	Injuries na	Length of Hospitalization, If Applicable na
Estimated Value of Property Damage: \$ \$1,500.00		Number of Customers Affected none
Damaged Within <input type="checkbox"/> Public Property <input checked="" 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: 150px; 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 type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" 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

<p>Description of Event</p> <p>Excavator damaged gas main and pulled it out of the ground. Excavator also left the site and did not contact gas company to report the damage. Home builder reported it after he drove by the site.</p>

Description of Event Continued

[Empty box for description of event]

PART I – SIGNATURE

Signature of Person Filing Complaint	Date
Micheal Schoepp <input type="checkbox"/>	9/12/13 <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