

# NORTHERN EXCAVATING CO., INC.



Robert Lindberg  
President

P O BOX 1108  
JAMESTOWN ND 58402-1108  
(701) 252-5967 OFFICE  
(701) 252-6145 FAX  
rlindberg@naktel.com



December 18, 2013

Darrell Nitschke,  
Executive Secretary  
North Dakota Public Service Commission  
600 East Boulevard, Department 408  
Bismarck ND 58505-0480

Responses for the 7 - Third Party Damage Complaints from Reservation Telephone Cooperative of Parshall ND are as follows.

# 1 Contractor cut a 24 fiber optic cable feeding the Ross Central Office

The fiber line was in a trench inundated with water and bad soil conditions. The line was exposed properly (hand dug exposed and protected), however, was damaged when the wall of the excavation caved in breaking the line.

#2 Contractor cut a 25 pair copper telephone cable.

The copper line was in a trench inundated with water and bad soil conditions. The line was exposed properly (hand dug exposed and protected), however, was damaged when the wall of the excavation caved in breaking the line.

#3 Contractor cut a 4 fiber drop to and individuals home.

Line was hand exposed and protected. Utility line was not properly marked and utility line did not follow a direct rout or R/W area, it was running in to the most direct route and not a prescribed route.

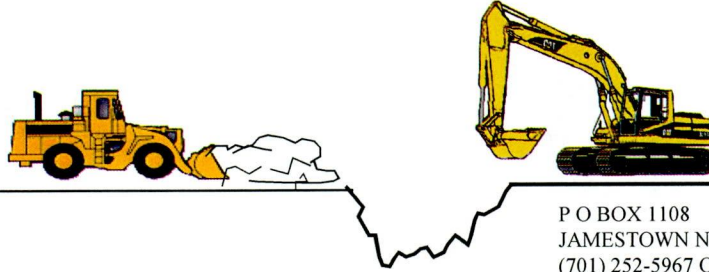
- |   |  |  |                  |           |  |  |                  |           |
|---|--|--|------------------|-----------|--|--|------------------|-----------|
| 3 | GS-13-884                                | Filed 01/13/2014                         | Pages: 36        | 3         | PU-13-880                                | Filed 01/13/2014                         | Pages: 36        |           |
|   | Response to third-party damage complaint |  |                  |           | Response to third-party damage complaint |  |                  |           |
|   | Northern Excavating Co., Inc.            |  |                  |           | Northern Excavating Co., Inc.            |  |                  |           |
|   | 3  | PU-13-877                                | Filed 01/13/2014 | Pages: 36 | 3  | PU-13-881                                | Filed 01/13/2014 | Pages: 36 |
|   |  | Response to third-party damage complaint |                  |           |  | Response to third-party damage complaint |                  |           |
|   |  | Northern Excavating Co., Inc.            |                  |           |  | Northern Excavating Co., Inc.            |                  |           |
| 3 | GS-13-884                                | Filed 01/13/2014                         | Pages: 36        | 3         | PU-13-878                                | Filed 01/13/2014                         | Pages: 36        |           |
|   | Response to third-party damage complaint |  |                  |           | Response to third-party damage complaint |  |                  |           |
|   | Northern Excavating Co., Inc.            |  |                  |           | Northern Excavating Co., Inc.            |  |                  |           |
| 3 | GS-13-885                                | Filed 01/13/2014                         | Pages: 36        | 3         | PU-13-879                                | Filed 01/13/2014                         | Pages: 36        |           |
|   | Response to third-party damage complaint |  |                  |           | Response to third-party damage complaint |  |                  |           |
|   | Northern Excavating Co., Inc.            |  |                  |           | Northern Excavating Co., Inc.            |  |                  |           |
|   | 3  | PU-13-882                                | Filed 01/13/2014 | Pages: 36 | 3  | PU-13-883                                | Filed 01/13/2014 | Pages: 36 |
|   |  | Response to third-party damage complaint |                  |           |  | Response to third-party damage complaint |                  |           |
|   |  | Northern Excavating Co., Inc.            |                  |           |  | Northern Excavating Co., Inc.            |                  |           |



\*COMMERCIAL \* RESIDENTIAL \* GENERAL EXCAVATING \* BASEMENTS \* SEWER & WATER \* SEPTIC TANKS \* FOOTINGS\*



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- #4 Contractor cut a 144 Fiber Optic Cable and the Conduit it was in (2 times same cable)

The fiber line was in a trench inundated with water and bad soil conditions. The line was exposed properly (hand exposed and protected), however, was damaged when the wall of the excavation caved in breaking the line.

Line had been previously excavated and a splice of some type installed, trench wall caved in causing a break in very unstable soil. Line was marked improper due to big loop installed from a previous splice years ago.

- #5 Contractor cut a 75 pair copper telephone cable

Line was not properly marked Ticket # 13167425. The copper line was in a trench inundated with water and bad soil conditions. The line was exposed properly (hand dug exposed and protected), however, was damaged when the wall of the excavation caved in breaking the line. The line was broke before we had a big loop in line after a splicing.

- #6 Contractor cut a 75 pair copper telephone cable (2<sup>nd</sup> time that day and 3<sup>rd</sup> time for this cable

The copper line was in a trench inundated with water and bad soil conditions. The line was exposed properly (hand dug exposed and protected), however, was damaged when the wall of the excavation caved in breaking the line, and as explained under Item # 8.

- #7 Contractor cut 75 pair copper telephone cable (2<sup>nd</sup> time)

The copper line was in a trench inundated with water and bad soil conditions. The line was exposed properly (hand exposed and protected), however, was damaged when the wall of the excavation caved in breaking the line, and as explained under Item #5.

Responses for the 3 Third Party Damage Complaints from Montana-Dakota Utilities Co. are as follows.

- #1 Contractor Struck 2 natural gas main line with track-hoe, West 3<sup>rd</sup> St. and Rail Road Ave.

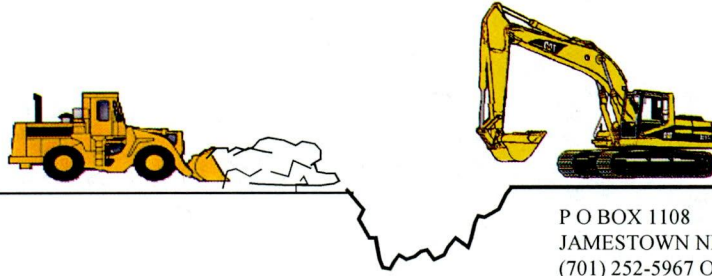
Only one line was encountered during initial excavation, however, during this excavation a second line was encountered, but not marked at anytime.  
Dig Tickets: #13132443, #13156745, #13167425



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#2 Contractor Struck natural gas line Central Ave.

While hand digging for the gas line, our utility probe pierced the poly line, no excessive force was used while probing. #13167425, #13156745 Dig Ticket #'s.

#3 Natural Gas distribution Service Line

Only one line was encountered during initial excavation, however, during this excavation a second line was encountered, but not marked at anytime.  
Dig Tickets: #13132443, #13156745, #13167425



\*COMMERCIAL \* RESIDENTIAL \* GENERAL EXCAVATING \* BASEMENTS \* SEWER & WATER \* SEPTIC TANKS \*  
FOOTINGS\*





# 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 RESERVATION TELEPHONE COOPERATIVE	Person Filing Information SHANE HART	Position ASSISTANT GENERAL MANAGER	
Address of Person Filing Information PO BOX 68	City PARSHALL	State ND	Zip Code 58770	
Telephone Number 701.862.3115	Email Address SHANEH@RETEL.COM	Date 11/29/2013		

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

Name of Excavator NORTHERN EXCAVATING		Telephone Number 701.252.5967	
Address PO BOX 1108	City JAMESTOWN	State ND	Zip Code 58402
Name of Entity for Which Excavation Was Performed CITY OF ROSS		Telephone Number	
Address	City ROSS	State ND	Zip Code 58776

## PART C – TIME AND LOCATION OF THE EVENT

Date and Time of Event 07/25/2013	Address of the Excavation and/or Damage ROSS CITY, RAILROAD AVE & 3RD ST W		
County MOUNTRAIL	City ROSS	State ND	Zip Code 58776

## PART D – FACILITY INVOLVED

Type of Facility Involved TELECOMMUNICATIONS	Operator of Facility and Contact Person (if known) RESERVATION TELEPHONE COOPERATIVE		
Address PO BOX 68	City PARSHALL	State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address (if known)		
Brief Description of Facility Involved			

**PART E – DAMAGE (if applicable)**

Fatalities	Injuries	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$ \$3,653.73		Number of Customers Affected
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 <span style="border: 1px solid black; padding: 2px;">07/25/2013</span>
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 CUT A 24 FIBER OPTIC CABLE FEEDING THE ROSS CENTRAL OFFICE
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Description of Event Continued

**PART I – SIGNATURE**

Signature of Person Filing Complaint SHANE D HART	Date 11/29/2013
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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**



**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 RESERVATION TELEPHONE COOPERATIVE	Person Filing Information SHANE HART	Position ASSISTANT GENERAL MANAGER	
Address of Person Filing Information PO BOX 68	City PARSHALL		State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address SHANEH@RESTEL.COM		Date 11/29/2013	

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

Name of Excavator NORTHERN EXCAVATING		Telephone Number 701.252.5967	
Address PO BOX 1108	City JAMESTOWN	State ND	Zip Code 58402
Name of Entity for Which Excavation Was Performed CITY OF ROSS		Telephone Number	
Address	City ROSS	State ND	Zip Code 58776

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

Date and Time of Event 08/02/2013	Address of the Excavation and/or Damage ROSS CITY, 3RD ST W & CENTRAL AVE		
County MOUNTRAIL	City ROSS	State ND	Zip Code 58776

**PART D – FACILITY INVOLVED**

Type of Facility Involved TELECOMMUNICATIONS	Operator of Facility and Contact Person (if known) RESERVATION TELEPHONE COOPERATIVE		
Address PO BOX 68	City PARSHALL	State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address (if known)		
Brief Description of Facility Involved			

**PART E – DAMAGE (if applicable)**

Fatalities	Injuries	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$ \$1,082.14		Number of Customers Affected 20
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 <span style="border: 1px solid black; padding: 2px;">08/2/2013 11:45 AM</span>
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 CUT A 25 PAIR COPPER TELEPHONE CABLE
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<b>Description of Event Continued</b>
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**PART I – SIGNATURE**

Signature of Person Filing Complaint SHANE D HART	Date 11/29/2013
--	--------------------

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.**

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### 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 RESERVATION TELEPHONE COOPERATIVE	Person Filing Information SHANE HART	Position ASSISTANT GENERAL MANAGER	
Address of Person Filing Information PO BOX 68	City PARSHALL		State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address SHANEH@RESTEL.COM		Date 11/29/2013	

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

Name of Excavator NORTHERN EXCAVATING		Telephone Number 701.252.5967	
Address PO BOX 1108	City JAMESTOWN	State ND	Zip Code 58402
Name of Entity for Which Excavation Was Performed CITY OF ROSS		Telephone Number	
Address	City ROSS	State ND	Zip Code 58776

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

Date and Time of Event 08/02/2013	Address of the Excavation and/or Damage ROSS CITY, RAILROAD AVE & 3RD ST W		
County MOUNTRAIL	City ROSS	State ND	Zip Code 58776

#### PART D – FACILITY INVOLVED

Type of Facility Involved TELECOMMUNICATIONS	Operator of Facility and Contact Person (if known) RESERVATION TELEPHONE COOPERATIVE		
Address PO BOX 68	City PARSHALL	State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address (if known)		
Brief Description of Facility Involved			

**PART E – DAMAGE (if applicable)**

Fatalities	Injuries	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$ \$1,034.38		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 <span style="border: 1px solid black; padding: 2px;">08/02/2013</span>
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 CUT A 4 FIBER DROP TO AN INDIVIDUALS HOME
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<b>Description of Event Continued</b>
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**PART I – SIGNATURE**

Signature of Person Filing Complaint SHANE D HART	Date 11/29/2013
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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.**

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Telephone: (701) 328-2400

**Email to the Commission**



**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 RESERVATION TELEPHONE COOPERATIVE	Person Filing Information SHANE HART	Position ASSISTANT GENERAL MANAGER	
Address of Person Filing Information PO BOX 68	City PARSHALL		State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address SHANEH@RESTEL.COM		Date 11/29/2013	

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

Name of Excavator NORTHERN EXCAVATING		Telephone Number 701.252.5967	
Address PO BOX 1108	City JAMESTOWN	State ND	Zip Code 58402
Name of Entity for Which Excavation Was Performed CITY OF ROSS		Telephone Number	
Address	City ROSS	State ND	Zip Code 58776

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

Date and Time of Event 08/02/2013	Address of the Excavation and/or Damage ROSS CITY, RAILROAD AVE & 3RD ST W		
County MOUNTRAIL	City ROSS	State ND	Zip Code 58776

**PART D – FACILITY INVOLVED**

Type of Facility Involved TELECOMMUNICATIONS	Operator of Facility and Contact Person (if known) RESERVATION TELEPHONE COOPERATIVE		
Address PO BOX 68	City PARSHALL	State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address (if known)		
Brief Description of Facility Involved			

**PART E – DAMAGE (if applicable)**

Fatalities	Injuries	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$ \$11,547.68		Number of Customers Affected 150+
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 <span style="border: 1px solid black; padding: 2px;">07/25/2013</span>
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**

<p>Description of Event</p> <p>CONTRACTOR CUT A 144 FIBER OPTIC CABLE AND THE CONDUIT IT WAS IN (2 TIMES, SAME CABLE)</p>
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<b>Description of Event Continued</b>
---------------------------------------

**PART I – SIGNATURE**

Signature of Person Filing Complaint SHANE D HART	Date 11/29/2013
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Please include additional documents and photos, if applicable.

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**Email to the Commission**



**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 RESERVATION TELEPHONE COOPERATIVE	Person Filing Information SHANE HART	Position ASSISTANT GENERAL MANAGER	
Address of Person Filing Information PO BOX 68	City PARSHALL		State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address SHANEH@RESTEL.COM		Date 11/29/2013	

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

Name of Excavator NORTHERN EXCAVATING		Telephone Number 701.252.5967	
Address PO BOX 1108	City JAMESTOWN	State ND	Zip Code 58402
Name of Entity for Which Excavation Was Performed CITY OF ROSS		Telephone Number	
Address	City ROSS	State ND	Zip Code 58776

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

Date and Time of Event 09/17/2013	Address of the Excavation and/or Damage ROSS CITY, CENTRAL AVE & MAIN ST		
County MOUNTRAIL	City ROSS	State ND	Zip Code 58776

**PART D – FACILITY INVOLVED**

Type of Facility Involved TELECOMMUNICATIONS	Operator of Facility and Contact Person (if known) RESERVATION TELEPHONE COOPERATIVE		
Address PO BOX 68	City PARSHALL	State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address (if known)		
Brief Description of Facility Involved			

**PART E – DAMAGE (if applicable)**

Fatalities	Injuries	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$ \$1,913.97		Number of Customers Affected 60
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 <span style="border: 1px solid black; padding: 2px;">09/17/2013</span>
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 CUT A 75 PAIR COPPER TELEPHONE CABLE
---

Description of Event Continued

[Empty box for description of event]

**PART I – SIGNATURE**

Signature of Person Filing Complaint SHANE D HART	Date 11/29/2013
--	--------------------

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**



**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 RESERVATION TELEPHONE COOPERATIVE	Person Filing Information SHANE HART	Position ASSISTANT GENERAL MANAGER	
Address of Person Filing Information PO BOX 68	City PARSHALL		State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address SHANEH@RETEL.COM		Date 11/29/2013	

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

Name of Excavator NORTHERN EXCAVATING		Telephone Number 701.252.5967	
Address PO BOX 1108	City JAMESTOWN	State ND	Zip Code 58402
Name of Entity for Which Excavation Was Performed CITY OF ROSS		Telephone Number	
Address	City ROSS	State ND	Zip Code 58776

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

Date and Time of Event 09/30/2013	Address of the Excavation and/or Damage ROSS CITY, CENTRAL AVE & MAIN ST		
County MOUNTRAIL	City ROSS	State ND	Zip Code 58776

**PART D – FACILITY INVOLVED**

Type of Facility Involved TELECOMMUNICATIONS	Operator of Facility and Contact Person (if known) RESERVATION TELEPHONE COOPERATIVE		
Address PO BOX 68	City PARSHALL	State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address (if known)		
Brief Description of Facility Involved			

**PART E – DAMAGE (if applicable)**

Fatalities	Injuries	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$ \$1,113.39		Number of Customers Affected 60
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 <input type="text" value="09/30/2013"/>
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 CUT A 75 PAIR COPPER TELEPHONE CABLE (2ND TIME THAT DAY AND 3RD TIME FOR THIS CABLE)
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<b>Description of Event Continued</b>
---------------------------------------

**PART I – SIGNATURE**

Signature of Person Filing Complaint SHANE D HART	Date 11/29/2013
--	--------------------

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**



**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 RESERVATION TELEPHONE COOPERATIVE	Person Filing Information SHANE HART	Position ASSISTANT GENERAL MANAGER	
Address of Person Filing Information PO BOX 68	City PARSHALL	State ND	Zip Code 58770	
Telephone Number 701.862.3115	Email Address SHANEH@RESTEL.COM	Date 11/29/2013		

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

Name of Excavator NORTHERN EXCAVATING		Telephone Number 701.252.5967	
Address PO BOX 1108	City JAMESTOWN	State ND	Zip Code 58402
Name of Entity for Which Excavation Was Performed CITY OF ROSS		Telephone Number	
Address	City ROSS	State ND	Zip Code 58776

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

Date and Time of Event 09/30/2013	Address of the Excavation and/or Damage ROSS CITY, CENTRAL AVE & MAIN ST		
County MOUNTRAIL	City ROSS	State ND	Zip Code 58776

**PART D – FACILITY INVOLVED**

Type of Facility Involved TELECOMMUNICATIONS	Operator of Facility and Contact Person (if known) RESERVATION TELEPHONE COOPERATIVE		
Address PO BOX 68	City PARSHALL	State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address (if known)		
Brief Description of Facility Involved			

**PART E – DAMAGE (if applicable)**

Fatalities	Injuries	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$ \$2,727.92		Number of Customers Affected 60
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 <span style="border: 1px solid black; padding: 2px;">09/30/2013</span>
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 CUT A 75 PAIR COPPER TELEPHONE CABLE (2ND TIME)
--

Description of Event Continued

**PART I – SIGNATURE**

Signature of Person Filing Complaint SHANE D HART	Date 11/29/2013
--	--------------------

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**



# MONTANA-DAKOTA

UTILITIES CO.

A Division of MDU Resources Group, Inc.

220 2<sup>nd</sup> Ave East  
P.O. Box 1407  
Williston, ND 58802-1406  
(701) 572-2152



November 19, 2013

Public Service Commission  
600 E Blvd. Ave. Dept. 408  
Bismarck, ND 58505-0480

To whom it may concern;

In response to the request at the bottom of the Third Party Damage Complaint form, SFN 59067 (11-12), regarding my authority to file a complaint on behalf of a company, please refer to the following information.

As the District Gas Superintendent for the Williston District of Montana-Dakota Utilities, I am "responsible for construction, operation, and maintenance of the gas transmission and distribution systems; and providing safe, reliable, economic service to our customers." This includes responding to any problems found with excavators working in vicinity with our natural gas system.

If you have any questions, feel free to contact me.

Sincerely

Paul Riely  
District Gas Superintendent  
(701) 572-1614  
paul.riely@mdu.com



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 Co.	Person Filing Information Paul Riely	Position District Gas Superintendent
Address of Person Filing Information 220 2nd Ave E	City Williston	State ND	Zip Code 58801
Telephone Number 701-572-1614	Email Address paul.riely@mdu.com	Date 10-11-2013	

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

Name of Excavator Northern Excavating Co., Inc	Telephone Number 701-252-5967		
Address 3420 82nd Avenue SE	City Jamestown	State ND	Zip Code 58102
Name of Entity for Which Excavation Was Performed City of Ross	Telephone Number 701-755-3262		
Address PO Box 4	City Ross	State ND	Zip Code 58776

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

Date and Time of Event 10/15/13 @ 1140 hrs	Address of the Excavation and/or Damage Rail Road ave and West 3rd St		
County Mountrail	City Ross	State ND	Zip Code 58776

**PART D – FACILITY INVOLVED**

Type of Facility Involved Gas Distribution System	Operator of Facility and Contact Person (if known) Montana-Dakota Utilities		
Address 220 2nd Ave E, PO Box 1406	City Williston	State ND	Zip Code 58802-1406
Telephone Number 701-572-1600	Email Address (if known) paul.riely@mdu.com		
Brief Description of Facility Involved Natural Gas distribution main line			

**PART E – DAMAGE (if applicable)**

Fatalities None	Injuries None	Length of Hospitalization, If Applicable None
Estimated Value of Property Damage: \$ <b>743,38</b>		Number of Customers Affected 3
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 type="checkbox"/> Yes    Locate Ticket Number	Start Date on Ticket <input type="text"/>
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Unknown	
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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input 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**

<b>Description of Event</b>
On or about 11:40 am on October 15, 2013 the contractor struck 2 natural gas main line with a track-hoe. They were excavating in the area of the Grain Elevators West of the intersection of West 3rd Street and Rail Road Ave. The contractor was excavating with no valid locates.

Description of Event Continued

**PART I – SIGNATURE**

Signature of Person Filing Complaint <i>Paula Welch</i>	Date <i>11/19/13</i>
--	-------------------------

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**

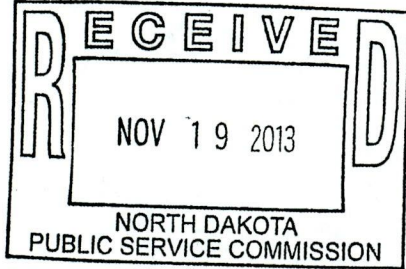


**MONTANA-DAKOTA**

**UTILITIES CO.**

A Division of MDU Resources Group, Inc.

220 2<sup>nd</sup> Ave East  
P.O. Box 1407  
Williston, ND 58802-1406  
(701) 572-2152



November 19, 2013

Public Service Commission  
600 E Blvd. Ave. Dept. 408  
Bismarck, ND 58505-0480

To whom it may concern;

In response to the request at the bottom of the Third Party Damage Complaint form, SFN 59067 (11-12), regarding my authority to file a complaint on behalf of a company, please refer to the following information.

As the District Gas Superintendent for the Williston District of Montana-Dakota Utilities, I am “responsible for construction, operation, and maintenance of the gas transmission and distribution systems; and providing safe, reliable, economic service to our customers.” This includes responding to any problems found with excavators working in vicinity with our natural gas system.

If you have any questions, feel free to contact me.

Sincerely

Paul Riely  
District Gas Superintendent  
(701) 572-1614  
paul.riely@mdu.com



### 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 Co.	Person Filing Information Paul Riely	Position District Gas Superintendent	
Address of Person Filing Information 220 2nd Ave E	City Williston		State ND	Zip Code 58801
Telephone Number 701-572-1614	Email Address paul.riely@mdu.com		Date 10-11-2013	

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

Name of Excavator Northern Excavating Co., Inc		Telephone Number 701-252-5967	
Address 3420 82nd Avenue SE	City Jamestown	State ND	Zip Code 58102
Name of Entity for Which Excavation Was Performed City of Ross		Telephone Number 701-755-3262	
Address PO Box 4	City Ross	State ND	Zip Code 58776

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

Date and Time of Event 10/9/13 @ 1715 hrs	Address of the Excavation and/or Damage Central Ave E		
County Mountrail	City Ross	State ND	Zip Code 58776

#### PART D – FACILITY INVOLVED

Type of Facility Involved Gas Distribution System	Operator of Facility and Contact Person (if known) Montana-Dakota Utilities		
Address 220 2nd Ave E, PO Box 1406	City Williston	State ND	Zip Code 58802-1406
Telephone Number 701-572-1600	Email Address (if known) paul.riely@mdu.com		
Brief Description of Facility Involved Natural Gas distribution service line			

**PART E – DAMAGE (if applicable)**

Fatalities None	Injuries None	Length of Hospitalization, If Applicable None
Estimated Value of Property Damage: \$ <b>421.68</b>		Number of Customers Affected 3
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 <b>9/30/13</b>
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 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 checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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**

<b>Description of Event</b>	
<p>On or about 5:00 pm on October 9, 2013 the contractor struck a natural gas service line with a track-hoe. They were excavating on Central Ave. under locate ticket 13167425.</p>	

Description of Event Continued

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**PART I – SIGNATURE**

Signature of Person Filing Complaint <i>Paul W. Kiehl</i>	Date <i>11/19/2013</i>
--	---------------------------

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**

**MP** MONTANA-DAKOTA  
UTILITIES CO.

A Division of MDU Resources Group, Inc.

220 2<sup>nd</sup> Ave East  
P.O. Box 1407  
Williston, ND 58802-1406  
(701) 572-2152



November 19, 2013


Public Service Commission  
600 E Blvd. Ave. Dept. 408  
Bismarck, ND 58505-0480

To whom it may concern;

In response to the request at the bottom of the Third Party Damage Complaint form, SFN 59067 (11-12), regarding my authority to file a complaint on behalf of a company, please refer to the following information.

As the District Gas Superintendent for the Williston District of Montana-Dakota Utilities, I am "responsible for construction, operation, and maintenance of the gas transmission and distribution systems; and providing safe, reliable, economic service to our customers." This includes responding to any problems found with excavators working in vicinity with our natural gas system.

If you have any questions, feel free to contact me.

Sincerely  
  
Paul Riely  
District Gas Superintendent  
(701) 572-1614  
paul.riely@mdu.com



### 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 Co.	Person Filing Information Paul Riely	Position District Gas Superintendent	
Address of Person Filing Information 220 2nd Ave E	City Williston		State ND	Zip Code 58801
Telephone Number 701-572-1614	Email Address paul.riely@mdu.com		Date 10-11-2013	

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

Name of Excavator Northern Excavating Co., Inc		Telephone Number 701-252-5967		
Address 3420 82nd Avenue SE	City Jamestown	State ND	Zip Code 58102	
Name of Entity for Which Excavation Was Performed City of Ross		Telephone Number 701-755-3262		
Address PO Box 4	City Ross	State ND	Zip Code 58776	

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

Date and Time of Event 9/13/13 @ 1100am	Address of the Excavation and/or Damage Main and Railroad Avenue		
County Mountrail	City Ross	State ND	Zip Code 58776

#### PART D – FACILITY INVOLVED

Type of Facility Involved Gas and Electric Distribution System	Operator of Facility and Contact Person (if known) Montana-Dakota Utilities		
Address 220 2nd Ave E, PO Box 1406	City Williston	State ND	Zip Code 58802-1406
Telephone Number 701-572-1600	Email Address (if known) paul.riely@mdu.com		
Brief Description of Facility Involved Natural Gas distribution service line			

**PART E – DAMAGE (if applicable)**

Fatalities None	Injuries None	Length of Hospitalization, if Applicable None
Estimated Value of Property Damage: \$ 341.74		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?		Start Date on Ticket
<input checked="" type="checkbox"/> Yes    Locate Ticket Number		8/15/2013
<input type="checkbox"/> No		
<input type="checkbox"/> Unknown		
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 checked="" 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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	<input 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 checked="" 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**

<p>Description of Event</p> <p>On or about 11:00 am on September 13, 2013 Northern Excavating made contact with a natural gas distribution service with a track-hoe, interrupting service to 1 customer. They were digging at the intersection of Main and Rail Road Ave. under locate ticket 13132425, which was dated August 15th, with no update called in until after the contact.</p>
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<b>Description of Event Continued</b>
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**PART I – SIGNATURE**

Signature of Person Filing Complaint <i>Paul Whaley</i>	Date <i>11/19/13</i>
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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**