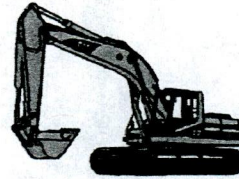


NORTHERN EXCAVATING CO., INC.



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.

53 GS-13-886 Filed 06/30/2015 Pages: 36
Exhibit B10
Public Service Commission

54 GS-14-229 Filed 06/30/2015 Pages: 36
Exhibit B10
Public Service Commission

54 GS-14-230 Filed 06/30/2015 Pages: 36
Exhibit B10



51 PU-14-671 Filed 06/30/2015 Pages: 36
Exhibit B10
Public Service Commission

54 GS-13-885 Filed 06/30/2015 Pages: 36
Exhibit B10
Public Service Commission

53 GS-13-884 Filed 06/30/2015 Pages: 36
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NORTHERN EXCAVATING CO., INC.

Robert Lindberg
President



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lindberg@daktel.com

- #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 (2nd time that day and 3rd 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.

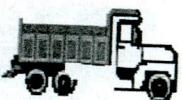
- #7 Contractor cut 75 pair copper telephone cable (2nd time)

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 3rd 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



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



NORTHERN EXCAVATING CO., INC.



Robert Lindberg
President

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#2 Contractor Struck natural gas line Central Ave.

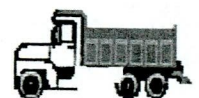
While hand digging for the gas line, our utility probe pierced the poly line, no excessive force was used while probing. #13167425, #13156745 Dig Ticket #'s.

#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)

1

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: 07/25/2013
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 24 FIBER OPTIC CABLE FEEDING THE ROSS CENTRAL OFFICE

Description of Event Continued

PART I – SIGNATURE

Signature of Person Filing Complaint	Date
SHANE D HART	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 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
08/2/2013 11:45 AM	
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

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



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 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 <input type="text" value="08/02/2013"/>
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 4 FIBER DROP TO AN INDIVIDUALS HOME
--

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.**

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Telephone: (701) 328-2400

Email to the Commission



THIRD PARTY DAMAGE COMPLAINT

Public Service Commission

SFN 59067 (11-12)

4

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 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 <input type="text" value="07/25/2013"/>
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 144 FIBER OPTIC CABLE AND THE CONDUIT IT WAS IN (2 TIMES, SAME CABLE)
--

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.

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Send Completed, Original Complaint To:
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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 09/17/2013	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 09/17/2013
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	<p>CONTRACTOR CUT A 75 PAIR COPPER TELEPHONE CABLE</p>
----------------------	--

Description of Event Continued

PART I – SIGNATURE

Signature of Person Filing Complaint	Date
SHANE D HART	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 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)

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



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 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)
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Description of Event Continued

PART I – SIGNATURE

Signature of Person Filing Complaint	Date
SHANE D HART	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

①



MONTANA-DAKOTA

UTILITIES CO.

A Division of MDU Resources Group, Inc.

220 2nd 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: \$ 743,38		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 _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Start Date on Ticket: <input 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 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

Description of Event 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 Kiel</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

2



MONTANA-DAKOTA

UTILITIES CO.

A Division of MDU Resources Group, Inc.

220 2nd 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: \$ 421.68		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 <input type="checkbox"/> No <input type="checkbox"/> Unknown	Locate Ticket Number	Start Date on Ticket 9/30/13
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 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

Description of Event 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.
--

Description of Event Continued

PART I – SIGNATURE

Signature of Person Filing Complaint <i>Paul W. Riech</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



MONTANA-DAKOTA

UTILITIES CO.

A Division of MDU Resources Group, Inc.

220 2nd 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?	
<input checked="" type="checkbox"/> Yes Locate Ticket Number <input type="checkbox"/> No <input type="checkbox"/> Unknown	Start Date on Ticket: 8/15/2013
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

Description of Event
<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>

Description of Event Continued

PART I – SIGNATURE

Signature of Person Filing Complaint <i>Paul W. Reid</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:
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600 E Boulevard Ave Dept 408
Bismarck ND 58505-0480
Telephone: (701) 328-2400

Email to the Commission