



Public Service Commission
State of North Dakota

COMMISSIONERS

Brian P. Kalk
Randy Christmann
Julie Fedorchak

Executive Secretary
Darrell Nitschke

600 East Boulevard, Dept. 408
Bismarck, North Dakota 58505-0480
Web: www.psc.nd.gov
E-mail: ndpsc@nd.gov
Phone: 701-328-2400
ND Toll Free: 1-877-245-6685
Fax: 701-328-2410
TDD: 800-366-6888 or 711

December 5, 2013

Robert L. Lindberg
Northern Excavating Co., Inc.
PO Box 1108
Jamestown, ND 58402-1108

Dear Mr. Lindberg:

Enclosed are copies of seven Third Party Damage Complaints (Complaints) against Northern Excavating Co., Inc., received by the North Dakota Public Service Commission (Commission) on December 2, 2013, from Shane Hart, Assistant General Manager at Reservation Telephone Cooperative of Parshall, ND (Case Numbers PU-13-877, PU-13-878, PU-13-879, PU-13-880, PU-13-881, PU-13-882, and PU-13-883), and three Complaints received by the Commission on November 19, 2013, from Paul Riely, District Gas Superintendent at Montana-Dakota Utilities of Williston, ND (Case Numbers GS-13-884, GS-13-885, and GS-13-886). The locations of damage identified in the complaints include Railroad Avenue, 3rd Street West, Central Avenue, and Main Street, all in Ross, ND.

Please respond to Darrell Nitschke, Executive Secretary, North Dakota Public Service Commission, by **December 26, 2013**, with your written account of each of these alleged events, including the applicable One Call locate ticket numbers for work performed at the addresses indicated. Your responses, the complaints, and other available information will be reviewed to determine whether Commission staff will file formal complaints.


Your responses should also address the following criteria used to determine the amount of civil penalty, if any, to be recommended by Commission staff as part of a formal complaint:

- a) The nature, circumstances, and severity of the complaint;
- b) The degree of suspected fault on the part of Northern Excavating Co., Inc.;
- c) Northern Excavating Co., Inc.'s history of prior violations or complaints;
- d) Northern Excavating Co., Inc.'s ability to pay;
- e) Any good faith effort by Northern Excavating Co., Inc., in attempting to achieve compliance; and
- f) The effect the penalty may have on Northern Excavating Co., Inc.'s ability to continue in business.

North Dakota Century Code section 49-07-01.1 provides for a civil penalty not to exceed twenty-five thousand dollars for each violation of the One Call law.

Please contact me at 701-328-4188 or at jprescott@nd.gov with any questions regarding this correspondence.

Sincerely,



Julie Prescott
Public Utilities Division

- | | | | | | | | |
|---|--|------------------|-----------|---|--|------------------|-----------|
| 2 | PU-13-883 | Filed 12/05/2013 | Pages: 34 | 2 | PU-13-882 | Filed 12/05/2013 | Pages: 34 |
| | Letter enclosing third-party damage complaints | | | | Letter enclosing third-party damage complaints | | |
| 2 | GS-13-884 | Filed 12/05/2013 | Pages: 34 | 2 | PU-13-881 | Filed 12/05/2013 | Pages: 34 |
| | Letter enclosing third-party damage complaints | | | | Letter enclosing third-party damage complaints | | |
| 2 | GS-13-885 | Filed 12/05/2013 | Pages: 34 | 2 | PU-13-880 | Filed 12/05/2013 | Pages: 34 |
| | Letter enclosing third-party damage complaints | | | | Letter enclosing third-party damage complaints | | |
| | | | | 2 | PU-13-879 | Filed 12/05/2013 | Pages: 34 |
| | | | | | Letter enclosing third-party damage complaints | | |
| | | | | 2 | PU-13-878 | Filed 12/05/2013 | Pages: 34 |
| | | | | | Letter enclosing third-party damage complaints | | |
| | | | | 2 | PU-13-877 | Filed 12/05/2013 | Pages: 34 |
| | | | | | Letter enclosing third-party damage complaints | | |

Enc: Third Party Damage Complaints
c: Shane Hart, Reservation Telephone Cooperative
Paul Riely, Montana-Dakota Utilities Co.



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 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 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 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

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, 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: \$ \$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 <input type="checkbox"/> No <input type="checkbox"/> Unknown Locate Ticket Number | 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 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.

***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 09/17/2013 | 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 | CONTRACTOR CUT A 75 PAIR COPPER TELEPHONE CABLE |
|----------------------|---|

Description of Event Continued

[Empty box for 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:
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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 | 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@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 <input type="checkbox"/> No <input type="checkbox"/> Unknown Locate Ticket Number | 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) |
|--|

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

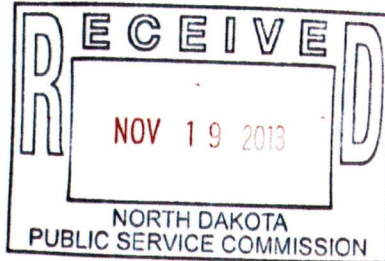


MONTANA-DAKOTA

UTILITIES CO.

A Division of MDU Resources Group, Inc

220 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

| |
|---|
| <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> |
|---|

Description of Event Continued

PART I – SIGNATURE

| | |
|---|-------------------------|
| Signature of Person Filing Complaint <i>Paul Whitley</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 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 style="width: 150px; height: 20px;" type="text"/> |
| Did excavator wait until the start date/time on the ticket before commencing excavation? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A | |
| Were buried facilities exposed by hand or non-invasive equipment prior to excavation? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A | |

PART G – MARKING

| | |
|---|---|
| Were facilities marked? | <input type="checkbox"/> Yes <input 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

| |
|--|
| <p>Description of Event</p> <p>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.</p> |
|--|

Description of Event Continued

PART I – SIGNATURE

| | |
|--|-------------------------|
| Signature of Person Filing Complaint <i>Paul Whaley</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

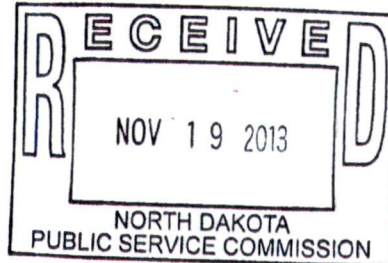


MONTANA-DAKOTA

UTILITIES CO.

A Division of MDU Resources Group, Inc.

220 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 Locate Ticket Number <input type="checkbox"/> No <input type="checkbox"/> Unknown | 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

| |
|--|
| <p>Description of Event</p> <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

PART I – SIGNATURE

| | |
|--|---------------------------|
| Signature of Person Filing Complaint <i>Paul W. Risky</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