

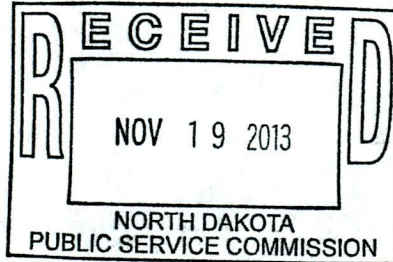


**MONTANA-DAKOTA**

**UTILITIES CO.**

A Division of MDU Resources Group, Inc.

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



November 19, 2013

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

To whom it may concern;

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

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

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

Sincerely

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

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- 50 GS-14-229 Filed 06/30/2015 Pages: 4  
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- 49 GS-13-886 Filed 06/30/2015 Pages: 4  
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- 49 GS-13-884 Filed 06/30/2015 Pages: 4  
Exhibit B6



### THIRD PARTY DAMAGE COMPLAINT

Public Service Commission

SFN 59067 (11-12)

#### PART A – WHO IS SUBMITTING THIS COMPLAINT

Information Being Submitted By <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company*	Company/Organization Montana-Dakota Utilities Co.	Person Filing Information Paul Riely	Position District Gas Superintendent	
Address of Person Filing Information 220 2nd Ave E	City Williston	State ND	Zip Code 58801	
Telephone Number 701-572-1614	Email Address paul.riely@mdu.com		Date 10-11-2013	

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

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

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

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

#### PART D – FACILITY INVOLVED

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

**PART E – DAMAGE (if applicable)**

Fatalities None	Injuries None	Length of Hospitalization, If Applicable None
Estimated Value of Property Damage: \$ <b>421,68</b>		Number of Customers Affected 3
Damaged Within <input checked="" type="checkbox"/> Public Property <input type="checkbox"/> Private Property		Photos of Damaged Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please include copies)

**PART F – EXCAVATION**

Was a locate requested from North Dakota One-Call?		Start Date on Ticket
<input checked="" type="checkbox"/> Yes    Locate Ticket Number		<b>9/30/13</b>
<input type="checkbox"/> No		
<input type="checkbox"/> Unknown		
Did excavator wait until the start date/time on the ticket before commencing excavation?		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> N/A
Were buried facilities exposed by hand or non-invasive equipment prior to excavation?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A

**PART G – MARKING**

Were facilities marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Were utility/facility marks visible in the area of excavation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Were the utility/facilities marked correctly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Was the marking complete prior to the start time on the ticket?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Did the excavator pre-mark with white paint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Was the facility marked accurately within 24 inches horizontally?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> N/A
Did the excavator use reasonable care to maintain locate marks for the life of project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> N/A

**PART H – DESCRIPTION OF EVENT**

<b>Description of Event</b>
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

[Empty box for description of event]

**PART I – SIGNATURE**

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