



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

30 PU-14-671 Filed 06/30/2015 Pages: 34
Exhibit A4

33 GS-14-230 Filed 06/30/2015 Pages: 34
Exhibit A4

33 GS-13-885 Filed 06/30/2015 Pages: 34
Exhibit A4

32 GS-13-884 Filed 06/30/2015 Pages: 34
Exhibit A4

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

33 GS-14-229 Filed 06/30/2015 Pages: 34
Exhibit A4

32 GS-13-886 Filed 06/30/2015 Pages: 34
Exhibit A4





THIRD PARTY DAMAGE COMPLAINT

Public Service Commission
SFN 59067 (11-12)

PART A – WHO IS SUBMITTING THIS COMPLAINT

Information Being Submitted By <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company*	Company/Organization RESERVATION TELEPHONE COOPERATIVE	Person Filing Information SHANE HART	Position ASSISTANT GENERAL MANAGER	
Address of Person Filing Information PO BOX 68	City PARSHALL	State ND	Zip Code 58770	
Telephone Number 701.862.3115	Email Address SHANEH@RETEL.COM	Date 11/29/2013		

PART B – WHO ALLEGEDLY VIOLATED THE ONE-CALL REGULATIONS

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

PART C – TIME AND LOCATION OF THE EVENT

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

PART D – FACILITY INVOLVED

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

PART E – DAMAGE (if applicable)

Fatalities	Injuries	Length of Hospitalization, If Applicable
Estimated Value of Property Damage: \$ \$3,653.73		Number of Customers Affected
Damaged Within <input checked="" type="checkbox"/> Public Property <input type="checkbox"/> Private Property		Photos of Damaged Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please include copies)

PART F – EXCAVATION

Was a locate requested from North Dakota One-Call?	
<input checked="" type="checkbox"/> Yes Locate Ticket Number <input type="checkbox"/> No <input type="checkbox"/> Unknown	Start Date on Ticket 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

[Empty box for event description]

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, 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
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Please include additional documents and photos, if applicable.

***If you are filing on behalf of a company, please provide information supporting your authority to file this complaint.**

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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
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Please include additional documents and photos, if applicable.

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**THIRD PARTY DAMAGE COMPLAINT**

Public Service Commission

SFN 59067 (11-12)

PART A – WHO IS SUBMITTING THIS COMPLAINT

Information Being Submitted By <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company*	Company/Organization RESERVATION TELEPHONE COOPERATIVE	Person Filing Information SHANE HART	Position ASSISTANT GENERAL MANAGER	
Address of Person Filing Information PO BOX 68	City PARSHALL		State ND	Zip Code 58770
Telephone Number 701.862.3115	Email Address SHANEH@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 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

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

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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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?

Yes Locate Ticket Number _____ Start Date on Ticket 09/17/2013
 No
 Unknown

Did excavator wait until the start date/time on the ticket before commencing excavation?

Yes No Unknown N/A

Were buried facilities exposed by hand or non-invasive equipment prior to excavation?

Yes No Unknown 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

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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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	

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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.**

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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 <input type="text" value="09/30/2013"/>
Did excavator wait until the start date/time on the ticket before commencing excavation?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	
Were buried facilities exposed by hand or non-invasive equipment prior to excavation?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	

PART G – MARKING

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

PART H – DESCRIPTION OF EVENT

<p>Description of Event</p> <p>CONTRACTOR CUT A 75 PAIR COPPER TELEPHONE CABLE (2ND TIME)</p>

Description of Event Continued

[Empty box for description of event]

PART I – SIGNATURE

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

Please include additional documents and photos, if applicable.

***If you are filing on behalf of a company, please provide information supporting your authority to file this complaint.**

Send Completed, Original Complaint To:
Public Service Commission
600 E Boulevard Ave Dept 408
Bismarck ND 58505-0480
Telephone: (701) 328-2400

Email to the Commission



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 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.

Description of Event Continued

[Empty box for description of event]

PART I – SIGNATURE

Signature of Person Filing Complaint <i>Paul Whaley</i>	Date <i>11/19/13</i>
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Please include additional documents and photos, if applicable.

***If you are filing on behalf of a company, please provide information supporting your authority to file this complaint.**

Send Completed, Original Complaint To:
Public Service Commission
600 E Boulevard Ave Dept 408
Bismarck ND 58505-0480
Telephone: (701) 328-2400

Email to the Commission



MONTANA-DAKOTA

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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 Kirby</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

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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. Kiehl</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