



# ND ONE-CALL COMPLAINT

Public Service Commission

SFN 59067 (1-14)

To allege a violation of the One-Call Excavation Notice System Law: North Dakota Century Code Chapter 49-23

## PART A – WHO IS SUBMITTING THIS COMPLAINT (COMPLAINANT)

|  |  |                  |                                |
|--|--|------------------|--------------------------------|
| Company/Person<br>Xcel Energy - Lisa Kallberg  | Street Address<br>825 Rice St                        | City<br>St. Paul | State and Zip Code<br>MN 55117 |
| Telephone and Cell Phone Number<br>651-229-2282  | Email Address<br>elisabeth.m.kallberg@xcelenergy.com |                  | Date<br>September 16, 2014     |
| <input checked="" type="checkbox"/> Complainant is willing and able to testify on the complaint if matter goes to formal hearing |  |                  |                                |

## PART B – WHO VIOLATED THE ONE-CALL REGULATIONS (RESPONDENT)

|   |                                 |                   |                                |
|---|---------------------------------|-------------------|--------------------------------|
| Company/Person<br>Landwehr Construction         | Street Address<br>846 33rd St S | City<br>St. Cloud | State and Zip Code<br>MN 56301 |
| Telephone and Cell Phone Number<br>320-252-1494 | Email Address                   |                   |                                |

## PART C – ALLEGED VIOLATION

|  |
|--|
| <input type="checkbox"/> Operator failed to provide or update the information provided to the notification center on a timely basis<br><input checked="" type="checkbox"/> Excavator failed to provide excavation or location notice at least 48 hours before beginning any excavation<br><input type="checkbox"/> Excavator failed to provide required information in excavation or location notice<br><input type="checkbox"/> Notification center failed to transmit the notice to every operator that has an underground facility in the area of the excavation<br><input type="checkbox"/> Notification center failed to inform the excavator of the names of operators of underground facilities in the area<br><input type="checkbox"/> Operator failed to locate and mark underground facility within 48 hours<br><input type="checkbox"/> Excavation started prior to underground facility locate<br><input type="checkbox"/> Operator failed to mark underground facility within 24 inches horizontally<br><input type="checkbox"/> Excavator failed to renew excavation or location request prior to the expiration of the twenty-one-day period<br><input type="checkbox"/> Excavator failed to conduct the excavation in a careful and prudent manner to avoid damage of underground facilities<br><input type="checkbox"/> Excavator failed to maintain the markings during excavation<br><input type="checkbox"/> Other (identify the specific section of NDCC Chapter 49-23) _____ |
| Location of Violation:<br>6425 15 th Street North, Fargo, ND   |
| Date and Time of Violation:<br>June 30, 2014   |
| Description (summarize the observations on which you rely to allege the violation) <i>If more space is required, please provide the description on a separate page.</i><br>Landwehr Construction was demolishing a house when they damaged a natural gas service line. The contractor did not have a valid North Dakota One Call ticket.   |

## PART D – DAMAGE

|  |                                   |                                 |
|--|-----------------------------------|---------------------------------|
| Fatalities<br>0  | Injuries<br>0                     | In-patient Hospitalization<br>0 |
| Underground facility type(s) and Operator(s) affected:<br>Xcel Energy natural gas service line |                                   |                                 |
| Estimated Value of Damage (damage as defined under NDCC Chapter 49-23): \$<br>\$445.48         | Number of Customers Affected<br>1 |                                 |
| Other impact of event:   |                                   |                                 |
| Please attach photos of Event Area or Damaged Facility   |                                   |                                 |

## PART I – SIGNATURE

|   |                            |
|---|----------------------------|
| Signature of Person Filing Complaint<br>Lisa Kallberg | Date<br>September 16, 2014 |
|---|----------------------------|

Send Completed, Original Complaint To:

Public Service Commission  
600 E Boulevard Ave Dept 408  
Bismarck ND 58505-0480  
Telephone: (701) 328-2400

W.O.1201092903 B03



# Damage Investigation Form

|                   |                              |                 |                  |                    |                    |
|-------------------|------------------------------|-----------------|------------------|--------------------|--------------------|
| Damage Date:      | <u>6/30/2014</u>             | Date Notified:  | <u>6/30/2014</u> | Date Investigated: | <u>6/30/2014</u>   |
| Address:          | <u>6425 15th St N</u>        | City:           | <u>Fargo</u>     | Notified by:       | <u>Xcel Energy</u> |
| Excavator:        | <u>Landwehr Construction</u> | Ticket #:       | <u>N/A</u>       | Damage Ticket:     | <u>N/A</u>         |
| Locator:          | <u>N/A</u>                   | Locate Date:    | <u>N/A</u>       | Work Type:         | <u>Demolition</u>  |
| Facility Damaged: | <u>Gas Service</u>           | Equipment Used: | <u>Backhoe</u>   |                    |                    |

Description of site and facility indicators: This is an existing house.

Utility representative on-site? Y Y/N Contractor on-site? Y Y/N  
Name of representative: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

**Cause of damage and circumstances:**

Landwehr Construction was demolishing a house when they damaged a gas service. The contractor did not have a valid North Dakota One Call ticket.

What was the excavators determination on liability and why? \_\_\_\_\_

Recommendation of Liability: Landwehr Construction

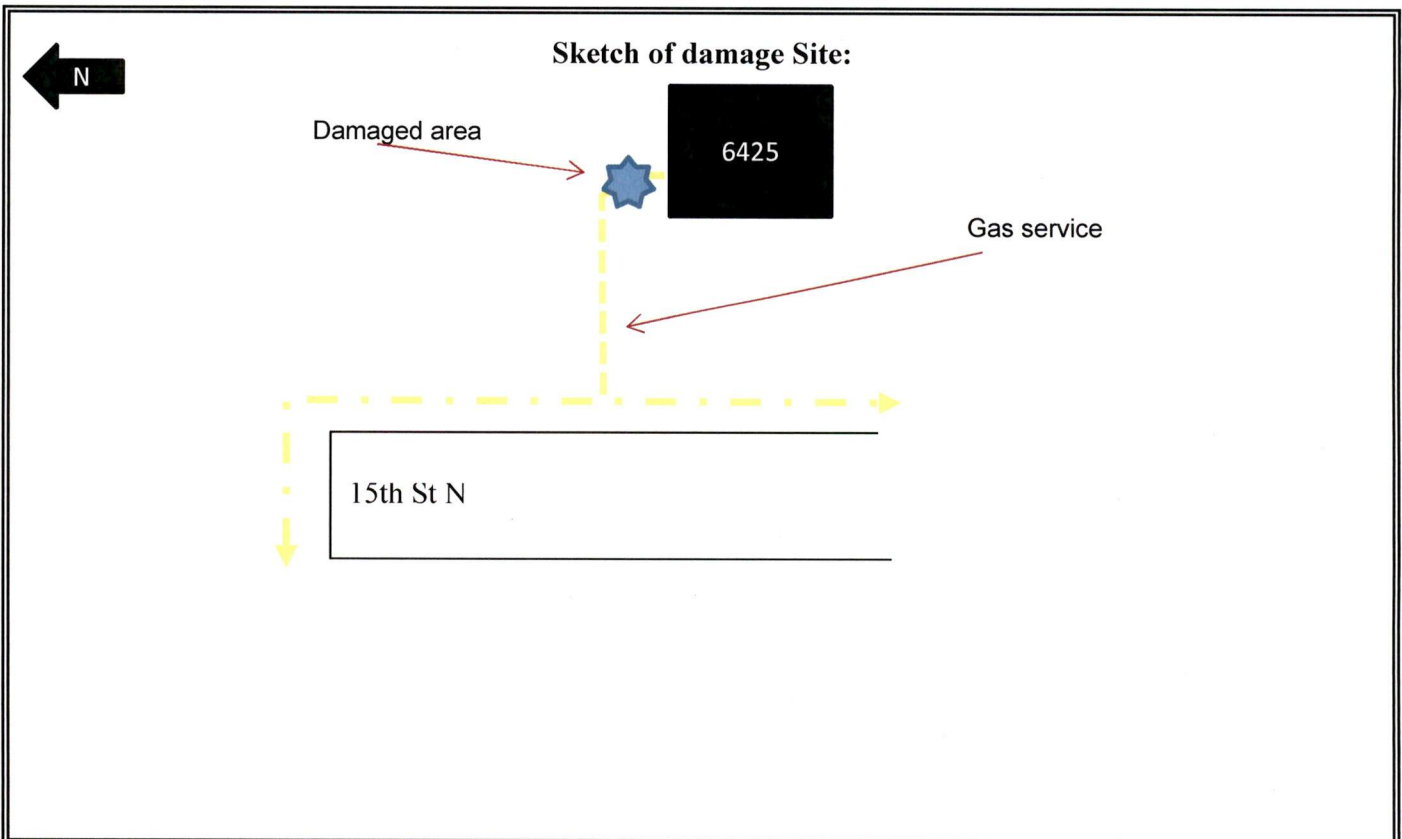
|                       |                       |       |                   |
|-----------------------|-----------------------|-------|-------------------|
| Investigator:         | <u>Chadrick Walsh</u> | Date: | <u>6/30/2014</u>  |
| Supervisor:           | _____                 | Date: | _____             |
| Managers Concurrence: | <u>Jason Ponciano</u> | Date: | <u>07/07/2014</u> |

\*\*This document is not for third party use.\*\*

## Specific Locate Information

Mark all that apply (X)

|                                     |   |                       |
|-------------------------------------|---|-----------------------|
| <input type="checkbox"/>            | The line was marked accurately. <i>Within tolerance by Inches</i>                               | ___ *End Of Questions |
| <input type="checkbox"/>            | The damaged facility is abandoned. *End of Questions*   |                       |
| <input checked="" type="checkbox"/> | Contractor did not have a valid ticket. Or outside of their "Dig Area". *End of Questions       |                       |
| <input type="checkbox"/>            | <b>The line should have been marked, but was unmarked.</b>                                      |                       |
| <input type="checkbox"/>            | The marks were destroyed by:      Excavation      ___      Weather      ___      Other      ___ |                       |
| <input type="checkbox"/>            | The line was unmarked but previously located.   |                       |
| <input type="checkbox"/>            | The excavation was out of the dig area.   |                       |
| <input type="checkbox"/>            | The dig area was established by a verbal exchange.  |                       |
| <input type="checkbox"/>            | If so, is the dig area well documented?      Yes      ___      No      ___                      |                       |
| <input type="checkbox"/>            | The unmarked facility was on provided maps?      Yes <u>X</u> No      ___                       |                       |
| <input checked="" type="checkbox"/> | The excavator knew there were unmarked lines.   |                       |
| <input type="checkbox"/>            | <b>Did the contractor have any of the utilities exposed?</b>                                    | Yes ___ No ___        |
| <input type="checkbox"/>            | <b>The line should have been marked, but was mismarked.</b>                                     |                       |
| <input type="checkbox"/>            | The damage occurred on a project.   |                       |
| <input type="checkbox"/>            | The cutting edge was within 24" of the damaged line.  |                       |
| <input type="checkbox"/>            | Was the tracer wire present with the facility?      Yes <u>X</u> No      ___                    |                       |
| <input checked="" type="checkbox"/> | Pictures of the damage were taken.      ___      Locate Pictures or Sketch Available.           |                       |
| <input type="checkbox"/>            | There was a visual indicator of the facility from the dig area.                                 |                       |
| <input type="checkbox"/>            | Distance to visual indicator?   |                       |
| <input type="checkbox"/>            | How far was the closest remaining mark to the damage?   |                       |





6/30/2014