



Public Service Commission

State of North Dakota

COMMISSIONERS

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Executive Secretary
Darrell Nitschke

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Fax: 701-328-2410
TDD: 800-366-6888 or 711

August 11, 2015

Thomas McCormick
Northern Improvement Co.
PO BOX 2846
Fargo, ND 58102

Re: One-Call Excavation Notice System: North Dakota Century Code Chapter 49-23

Dear Mr. McCormick:

Enclosed is a copy of a ND One-Call Complaint, with attachments, against Northern Improvement Co., received by the North Dakota Public Service Commission on August 7, 2015, from Scott MacLean, at Montana-Dakota Utilities, of Dickinson, ND, Case Number PU-15-627. The location of the damage identified in the complaint is approximately the intersection of 40th Street E and 4th Avenue E, Dickinson, ND.

I am sending you this information so that you are aware of the Complaint and have an opportunity to present any information you may have to assist us in processing this case. **Please respond to Darrell Nitschke, Executive Secretary, North Dakota Public Service Commission, by August 25, 2015**, with your written account of the event, including the applicable One Call locate ticket number for work performed at the address indicated.

I will review your response, the ND One-Call Complaint, and other available information to determine the next step in this matter. If I conclude there was a violation of the One Call law, I may file a formal complaint with the Commission. If I decide to proceed with a formal complaint, I will attempt to contact you in advance.

Please contact me at 701-328-3397 or at vschock@nd.gov with any questions regarding this correspondence.

Sincerely,

Victor Schock
Compliance and Competitive Markets Division

Enc: ND One-Call Complaint with attachments
c: Scott MacLean with attachments

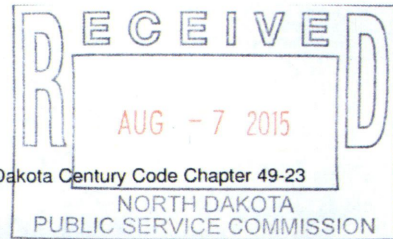


ND ONE-CALL COMPLAINT

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 Montana-Dakota Utilities Scott MacLean	Street Address 1133 W. Broadway	City Dickinson	State and Zip Code ND 58601
Telephone and Cell Phone Number 701-456-7104 701-290-2472	Email Address scott.maclea@mdu.com		Date 8/6/2015
<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 Northern Improvement	Street Address 4458 3rd Ave. W	City Dickinson	State and Zip Code ND 58602
Telephone and Cell Phone Number 701-223-6695 701-225-5197	Email Address NA		

PART C - ALLEGED VIOLATION

<input type="checkbox"/> Operator failed to provide or update the information provided to the notification center on a timely basis <input type="checkbox"/> Excavator failed to provide excavation or location notice at least 48 hours before beginning any excavation <input type="checkbox"/> Excavator failed to provide required information in excavation or location notice <input type="checkbox"/> Notification center failed to transmit the notice to every operator that has an underground facility in the area of the excavation <input type="checkbox"/> Notification center failed to inform the excavator of the names of operators of underground facilities in the area <input type="checkbox"/> Operator failed to locate and mark underground facility within 48 hours <input type="checkbox"/> Excavation started prior to underground facility locate <input type="checkbox"/> Operator failed to mark underground facility within 24 inches horizontally <input type="checkbox"/> Excavator failed to renew excavation or location request prior to the expiration of the twenty-one-day period <input checked="" type="checkbox"/> Excavator failed to conduct the excavation in a careful and prudent manner to avoid damage of underground facilities <input type="checkbox"/> Excavator failed to maintain the markings during excavation <input type="checkbox"/> Other (identify the specific section of NDCC Chapter 49-23) _____
Location of Violation: 40th St. E and 4th Ave. E Dickinson, ND 58601
Date and Time of Violation: 6/29/2015 3:05pm
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> Northern Improvement struck 4" Distribution Gas Main with backhoe while doing road construction. Northern Improvement Grading Supervisor had expressed "I thought the gas line was deeper". Northern Improvement failed to expose MDU Gas Main by soft excavation knowing the gas main was where they were working.

PART D - DAMAGE

Fatalities 0	Injuries 0	In-patient Hospitalization 0
Underground facility type(s) and Operator(s) affected: 4" DISTRIBUTION MAIN - MONTANA-DAKOTA UTILITIES		
Estimated Value of Damage (damage as defined under NDCC Chapter 49-23): \$ 908.75	Number of Customers Affected None	
Other impact of event:		
Please attach photos of Event Area or Damaged Facility		

PART I - SIGNATURE

Signature of Person Filing Complaint <i>R. Scott MacLean</i>	Date 8/6/2015
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Send Completed, Original Complaint To:
 Public Service Commission
 600 E Boulevard Ave Dept 408
 Bismarck ND 58505-0480
 Telephone: (701) 328-2400

1 PU-15-627 Filed 08/07/2015 Pages: 5
 North Dakota One Call Complaint (6-29-15, 3:05 p.m.)
 Montana-Dakota Utilities Co., a Division of MDU Resources Group, Inc.
 Scott MacLean

INVOICE

SOLD TO:

Northern Improvement
4458 3rd Ave W.
DICKINSON ND 58601

Invoice Number: 20798
Customer Number: 808135
Invoice Date: 07/15/15
Reference Number: DCK MDUG- 20150630-00339
Amount Due: \$908.75
Due Date: 08/14/15

Return upper portion with your payment to address listed on back

Terms: Net 30 Days

Reference: 40TH ST E & 4TH AVE E

Line	Due Date	Description	Amount
001	08/14/15	REPAIR GAS MAIN	\$908.75
		HIT BY TRACKHOE 6/29/15	
		\$666.53 - LABOR	
		\$ 65.91 - EQUIPMENT	
		\$176.31 - MATERIALS	

Please put invoice number 20798 on payment.

Total	Tax Rate	Tax	Total Amount Due
\$908.75			\$908.75

Please mail payment to:
Montana-Dakota Utilities Co.
Attn: Revenue Accounting
400 North 4th Street
Bismarck, ND 58501-4092

REPORT OF DAMAGE TO COMPANY-OWNED PROPERTY

(NOTE: Please refer to the bottom of this form before proceeding with completion.)

Part A

Owner of Property: MDU	District: DICKINSON	Town: Dickinson, ND
Time of Damage: 15:02 PM	Date of Damage: 6/29/2015	
Name of Location Where Damage Occurred: 40th St. E. & 4h Ave. E. - Dickinson, ND		
Location of Damaged Property: Intersection		
Rural Location: no		
Estimated Amount of Loss: n/a	First Responder Order No. (If applicable): MDUG-20150629-01938	
CC&B Account # (If Applicable):	MDU Service Order No. (If applicable): MDUG-20150630-00339	
If damaged meter, meter number:	Additional Work Order (If applicable):	
<u>Description and Cause of Loss or Damage</u>		Type of meter:
Line Struck by Trackhoe		

Part B

Did Loss or Damage Originate on our Premises? (If no, Explain):	N
MDU gas facilities located in public right of way	
If an Explosion, did a Fire Ensur?	N (How was Fire Extinguished?)

If Electrical Property is Involved, Fill in the Following Supplemental Data:

Type of Equipment Involved:	
<u>Damage caused by Electrical Arcing, Short Circuit or Other Failure, Give Approximate Cause</u>	
If Electrical, Did a Fire Ensur?	N

Part C

If damage was caused by excavation, was location of our facilities requested prior to digging?	Y
Location requested by: Northern Improvement	Time: _____ Date: _____
Line Locate Number: 15090572 & 150905575	
Company property located on:	
Damage notification by: Northern Improvement	Time: 1:50pm Date: 6/29/2015
Was damager a subcontractor: Y	If yes, for whom: City of Dickinson
Who to bill for damages:	
Name of who to Bill: Northern Improvement	Name of Equipment Operator: Herb Sherman
Address of who to Bill: 4458 3rd Ave. W.	Type of equipment: backhoe/trackhoe
Dickinson, ND 58602	Operator's Address: _____
Phone # of who to Bill: 225-5197	Operator's Phone #: _____
Name of Insurer: _____	
Insurance Policy #: _____	Was a Police Report made: N If yes, please attach report

REPORT OF DAMAGE TO COMPANY-OWNED PROPERTY

Others involved in Property Damage:

Names of Persons Involved

Address

Phone Number

Witnesses to Property Damage:

Names of Witnesses

Scott Maclean (MDU)

Address

Phone Number

In case of line break, complete the following:

Decatherms of gas to bill: n/a Size of hole(in): 1/4 Time line blew: 1 hr. Time Date
 6/29/2015

Part D

Names of Persons Injured

Address

Extent of Injury

Person Filling Out Form: M. Noble/D. Lowe

Date: 6/29/2015

Approved By: H. Jose

Date: 7/1/2015

CC&B Account #:

CC&B Field Activity ID:

Instructions

Email this completed form to MDURA - Accounts Receivable:

MDURA.AccountsReceivable@mdu.com

Use this form to make an immediate preliminary report of all damage to or loss of company-owned property:

If damage is caused by any of the following, complete Parts A, B, & D, if applicable.

- 1) Fire, lightning, inherent explosion, implosion, windstorm, tornado, flood, electrical arcing, short circuit, hail, riot and civil commotion, vandalism, malicious mischief, aircraft, or smoke damage.
- 2) An accident to boilers and/or machinery (an accident being a sudden and accidental breakdown of an object or part of an object).
- 3) Loss of or damage to property during the physical process of installation, movement or dismantling including while awaiting installation.

If damage was caused by others, complete Parts A, C & D, if applicable.

Name	Employee #	Hours	Unit #	Hours/Miles
All charges including material, labor, equipment, billed on PCAD order.				

**MONTANA-DAKOTA UTILITIES/GREAT PLAINS NATURAL GAS
GAS LEAK AND REPAIR REPORT**

Reason For Report:

District: DICKINSON Date: June 29, 2015
Address: 40th St. E. & 4th Ave. E. Town: Dickinson, ND
First Responder(s): D. Lowe
Leak Classification: Class I
Date Leak Repair Person was Dispatched: 6/29/2015 Time: 15:02 PM
Date Leak Repair Person Responded: 6/29/2015 Time: _____
From What Location (Town) did Leak Respond Person Leave: Dickinson

Type of Line:

Location: Map #: _____ Block Number: _____ Lot Number: _____
If Rural Service Line: _____ Transmission Line Number: _____ Line Name: _____
Survey Location: _____ Premise ID #: _____ On Federal Land (Y/N): N
Describe Specific Location: at the above intersection
Pipe Size: 4" Length Exposed: 8'
Type of Pipe: Plastic If steel, is it cathodically protected? (Y/N): _____ Pipe/Wire to Soil: -1.1
Soil Conditions: Clay/Sand
Original Installation Date: 2015 Operating Pressure: MP-25#

Kinds of Leak:

Description of Leak: Trackhoe punctured main
Method of Repair: Replaced damaged portion w/pre-tested pipe, soap tested E.F. Couplings
Date Repaired: 6/29/2015 S.O. #: MDUG-20150630-00339 Date of follow up (if required): _____
If a DOT Reportable Leak: Date and Time of Telephone report: _____
To whom was leak reported: _____

Remarks: Squeezed off gas main (2 locations), replaced damaged portion w/pre-tested pipe, soap tested final E.F. couplings.

Signed: D. Lowe/M. Noble

Signed: H. Jose