

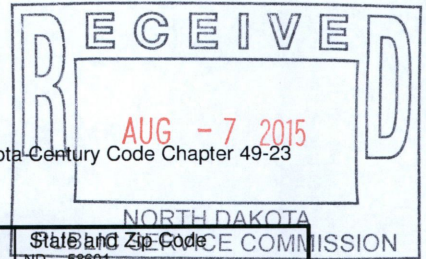


ND ONE-CALL COMPLAINT

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

Operator failed to provide or update the information provided to the notification center on a timely basis

Excavator failed to provide excavation or location notice at least 48 hours before beginning any excavation

Excavator failed to provide required information in excavation or location notice

Notification center failed to transmit the notice to every operator that has an underground facility in the area of the excavation

Notification center failed to inform the excavator of the names of operators of underground facilities in the area

Operator failed to locate and mark underground facility within 48 hours

Excavation started prior to underground facility locate

Operator failed to mark underground facility within 24 inches horizontally

Excavator failed to renew excavation or location request prior to the expiration of the twenty-one-day period

Excavator failed to conduct the excavation in a careful and prudent manner to avoid damage of underground facilities

Excavator failed to maintain the markings during excavation

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 7:29pm

Description (summarize the observations on which you rely to allege the violation) *If more space is required, please provide the description on a separate page.*
Northern Improvement struck 4" Distribution Gas Main with blade of Bulldozer while doing road construction after previous damage earlier in the afternoon 15' from previous damage with main still exposed. Northern Improvement failed to expose pipe knowing there was exposed pipe from previous damage.

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): \$ 2,055.46	Number of Customers Affected 15	
Other impact of event: Police and Fire Department responded.		
Please attach photos of Event Area or Damaged Facility		

PART I – SIGNATURE

Signature of Person Filing Complaint 	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-15-628** Filed: 8/7/2015 Pages: 5
North Dakota One Call Complaint (6-29-15, 7:29 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: 20799
Customer Number: 808135
Invoice Date: 07/15/15
Reference Number: DCK MDUG- 20150630-00340
Amount Due: \$2,055.46
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	\$2,055.46
		HIT BY BULLDOZER 6/29/15	
		\$991.65 - LABOR	
		\$ 84.16 - EQUIPMENT	
		\$ 62.55 - MATERIALS	
		\$917.10 - GAS LOSS OF 236.0DK	
Total			Total Amount Due
\$2,055.46			\$2,055.46

Please put invoice number 20799 on payment.

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

Others involved in Property Damage:

<u>Names of Persons Involved</u>	<u>Address</u>	<u>Phone Number</u>

Witnesses to Property Damage:

<u>Names of Witnesses</u>	<u>Address</u>	<u>Phone Number</u>
Scott Maclean (MDU)		
Jeff Miller (MDU)		

In case of line break, complete the following:

			<u>Time</u>	<u>Date</u>
Decatherms of gas to bill:	Size of hole(in):	4	Time line blew: 1.25 hr.	6/29/2015

Part D

<u>Names of Persons Injured</u>	<u>Address</u>	<u>Extent of Injury</u>

Person Filling Out Form: M. Noble/R. Kleinsasser

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
Scott Maclean (Const. Supv.)		3	5829	15
Jeff Miller (Gas Engineer Assoc.)		3.5	5613	15
PLEASE BILL ADDITIONAL TIME AND MILEAGE FOR THESE TWO INDIVIDUALS (TIME WAS NOT INCLUDED ON PCAD ORDER)				

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: 19:29 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: _____
Estimated Amount of Loss: n/a First Responder Order No. (If applicable): MDUG-20150629-02994
CC&B Account # (If Applicable): _____ MDU Service Order No. (If applicable): MDUG-20150630-00340
If damaged meter, meter number: _____ Additional Work Order (If applicable): _____
Description and Cause of Loss or Damage Type of meter: _____

Gas main struck by loader bucket.

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: _____

Damage caused by Electrical Arcing, Short Circuit or Other Failure, Give Approximate Cause

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: Aaron w/ Northern Improvement Time: _____ Date: _____

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: Bulldozer

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

**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): R. Kleinssaser
Leak Classification: Class I
Date Leak Repair Person was Dispatched: 6/29/2015 Time: 19:29 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: Intersection of 40th St. W and 4th Ave E
Pipe Size: 4" Length Exposed: 6'
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: Leak caused by front blade of bulldozer at intersection. Sheared top half of pipe
Method of Repair: Replaced damaged portion w/pre-tested pipe, soap tested E.F. Couplings
Date Repaired: 6/29/2015 S.O. #: MDUG-20150630-00340 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, replaced damaged portion w/pre-tested pipe, soap tested final E.F. couplings, relight customers

Signed: R. Kleinssaser/M. Noble

Signed: H. Jose