



# Public Service Commission State of North Dakota

COMMISSIONERS

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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-15-628. The location of the damage identified in the complaint is approximately the intersection of 40<sup>th</sup> Street E and 4<sup>th</sup> 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](mailto: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

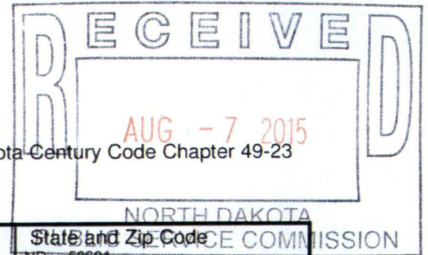


# ND ONE-CALL COMPLAINT

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.maclean@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

# 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	

Please put invoice number 20799 on payment.

Total	Tax Rate	Tax	Total Amount Due
\$2,055.46			\$2,055.46

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>
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**Witnesses to Property Damage:**

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

Jeff Miller (MDU)

**In case of line break, complete the following:**

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

<u>Names of Persons Injured</u>	<u>Address</u>	<u>Extent of Injury</u>
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Person Filling Out Form: M. Noble/R. Kleinssaser

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](mailto: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 & 15090575  
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