



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 North Dakota 58601
Telephone and Cell Phone Number 701-456-7104 701-290-2472	Email Address scott.maclean@mdu.com		Date 5/10/2016
<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 Master's Construction	Street Address 1572 45th NW	City Fargo	State and Zip Code North Dakota 58102
Telephone and Cell Phone Number 701-866-5981		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 checked="" 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 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: Northwest corner of the intersection of 40th St SW and Highway 22
Date and Time of Violation: 2:07 pm 4/21/2016
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> Upon arrival police and fire were at the site and had closed down the road. Police and Fire had already established a make safe zone. I observed a large plow with a reel of telecommunications on it and gas blowing to the West from the plow attachment on the rear. There was no line locates in the area where Master's was plowing. Asked Jay Christensen with Master's what happened and he said "I'm at fault, because my ticket didn't cover this area". Called E.L.M. to come out and verify ticket information which the description did not encompass area was trenching in. Both Mike Perez from E.L.M. Locating and Jay Christensen from Master's agreed that the line location that was called in didn't cover the area where Master's was excavating. Jay from Master's at this time took responsibility for the damage. Emergency line locations were called in for MDU to start repair which might reflect in the attached pictures. I'm forwarding all documents to review that will highlight in detail what happened.

PART D – DAMAGE

Fatalities 0	Injuries 0	In-patient Hospitalization 0
Underground facility type(s) and Operator(s) affected: 4" Intermediate Pressure Steel Distribution Main Montana - Dakota Utilities		
Estimated Value of Damage (damage as defined under NDCC Chapter 49-23): \$ 16,069.18		Number of Customers Affected 0
Other impact of event: Police and Fire Involved. 40th St SW closed for 5 hours between Highway 22 and State St.		
Please attach photos of Event Area or Damaged Facility		

PART I – SIGNATURE

Signature of Person Filing Complaint R. Scott MacLean	Date 5/10/2016
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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-16-194 Filed 05/10/2016 Pages: 11

North Dakota One Call Complaint
Montana-Dakota Utilities Co., a Division of MDU Resources Group, Inc.
Scott Maclean

GAS CONSTRUCTION ORDER

ASK 4-26-16
Per 4-26-16

Revision 3.03

Address						District		Town, ST		Zip		Date Received:		Date Created: 4/22/2016					
40th St W & 3rd Ave W						DICKINSON		Dickinson, ND		58601		Sewer (Y/N):		N					
County			Township			Range		Section		1/4		1/4 1/4		Block Lot		Invoice (Y/N):		N	
Stark																Leak Rpt(Y/N):		Y	
Subdivision Name						Nearest Cross Street						District Code		Inspection Rpt (Y/N):		Y			
												153		Damage Rpt (Y/N):		Y			
Type of Permit						Permit #						Cost Center		Joint Trench? (Y/N):		N			
												153		Multiple Meters? (Y/N):		N			
Name						Work #						Cell/Home #		Eng./EA/Operations:		Gabriel Kihiro			
Customer:														Foreman/Service Man:		R. Berger			
Contractor:		Master Construction												Date Completed:		4/22/16			
Developer:														Installation Method:		HIT LINE			
Other:														1st & 2nd Ticket #:					

Order Number	Order Type	Accounting Code	Premise ID #	Service Pt ID #	Comments/Instructions
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MDUG-20160422-00371	G-REPMN	G-REPAIR GAS MAIN	153.28870		Repair 4" gas main
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GAS RECAP DATA

Pipe Size	Material Type	Material Length (-) footages for Retirement
Gas Main:		
Gas Main:		
Gas Main:	4"	Steel
Gas Service:		
Gas Service:		

Work Performed: REPAIR 4" IP STEEL LINE HIT BY MASTER CONSTRUCTION PROWING IN FIBER. CUT OUT DAMAGE AND REPLACE 4' of STEEL MAIN. 2-REMOTE BELLINOLES LOOP FEED

Farm Tap (Y/N):	N
City Limits (In/Out):	Inside

BILLABLE: Yes / No Y

4/22/16

✓ RYAN BERGER - 2 HRS REG. TIME 6 HRS O/T 2.5 HRS D/T

SAL DOGIC - 2 HRS REG. TIME 6 HRS O/T 2.5 HRS D/T

HUNTER DOMAGALA - 2 HRS REG. TIME 6 HRS O/T 2.5 HRS D/T

ANDREW WIPF - 2 HRS REG. TIME 6 HRS O/T 2.5 HRS D/T

TIM MAC DONALD - 2 HRS REG. TIME 6 HRS O/T 2.5 HRS D/T

CHRIS BOWDEN - 2 HRS REG. TIME 7 MILES 3/4 TON P.U.

5778 WELD TRUCK - 10 MILES

5848 WELD TRUCK - 29 MILES

RYANS FOREMAN TRUCK - 507 MILES

CAT BACKINGE - 14 HOURS

6010 - TIMS FOREMAN TRUCK - 19 MILES

4/22/16

Tim/Andrew - 4 HRS REG. TIME

Ryan/Sal/Hunter - 4 HRS REG. TIME

TIMS WELDER - 6 HRS

RYANS WELDER - 6 HRS

SCOTT MACLEAN'S TIME ENTERED ON INVOICE LAST PAGE

GAS MATERIALS MAP

Street Address:	40th St W & 3rd Ave W			Town:	Dickinson, ND	369
Subdivision Name:				Block:		Lot:
Work Order Numbers:	MDUG-20160422-00371			Work Performed		
Premise ID #:	0					
Service Point ID #:	0					
Date Completed:	4/23/16					
Service Property Units:						
Main Property Units:						
Type of Work:	Repair gas main					
Retirement Vintage Date:						

PROPERTY UNIT INFO - REQUIRED

Service PU's	+	-
3/4" (Less than 2")		
2" & 2.5"		
4"		

3801107
3801109
3801113

Plastic Main PU's	+	-
1.5" or Less		
2" & 2.5"		
3"		
4"		

3761001
3761002
3761003
3761004

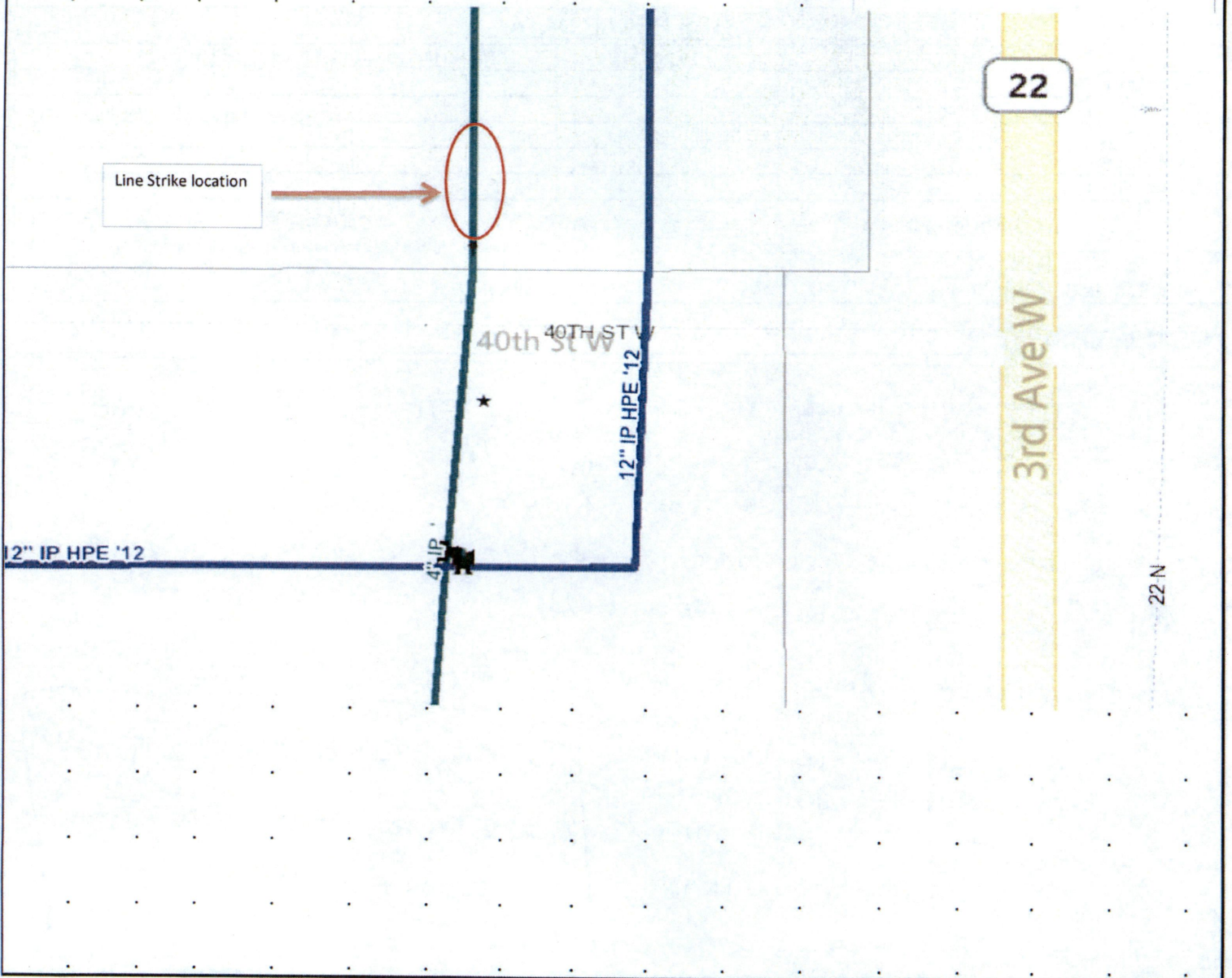
Steel Main PU's	+	-
1.5" or Less		
2" & 2.5"		
3"		
4"		
6"		

3760001
3760002
3760003
3760004
3760006

Installation Method (Circle): Trenched - Plowed - Bored



Main to Property Line = _____



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

Reason For Report:

District: DICKINSON
Address: 40th St W & 3rd Ave W

Date: 4/21/16
Town: Dickinson, ND

First Responder(s): SCOTT McLEAN CHRIS BOWDEN

Leak Classification: 1

Date Leak Repair Person was Dispatched: 4/21/16 Time: 2:07 p.m.

Date Leak Repair Person Responded: 4/21/16 Time: 2:25 p.m.

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 #: 0 On Federal Land (Y/N): N

Describe Specific Location: NW CORNER of Hwy 24 & 34th St SW

Pipe Size: 4" IP STEEL Length Exposed: 8

Type of Pipe: S If steel, is it cathodically protected? (Y/N): Y Pipe/Wire to Soil: -1.1

Soil Conditions: SAND/CLAY

Original Installation Date: _____ Operating Pressure: 90 ps.

Kinds of Leak:

Description of Leak: 1/2 of DIAMETER of PIPE DAMAGED BY LARGE PLOW

Method of Repair: REMOTE BELL HOLES, TAP & STOP, WELD CYLINDER, PURGE, COMPLETE

Date Repaired: 4/21/16 S.O. #: _____ Date of follow up (if required): _____

If a DOT Reportable Leak: _____ Date and Time of Telephone report: 4/21/16 2:00 PM

To whom was leak reported: 911

Remarks:

Signed: _____

Signed: _____

**MONTANA-DAKOTA UTILITIES/GREAT PLAINS NATURAL GAS
PIPELINE CONDITION REPORT**

Region: Badlands
 Address: 40th St W & 3rd Ave W
 Location: EASEMENT

Date: 4/22/16
 Town: Dickinson, ND
 District: DICKINSON

EXPOSED PIPE INSPECTED: "LINE BEING REPAIRED or TIED ON TO"

Pipe Inspected:	YES - <u>YES</u>	External Pipe Condition:	<u>GOOD</u>
	NO	Good - Fair - Poor	
Pipe Type:	<u>STEEL</u>	Circumferential (Inches):	
Plastic - Steel - PVC			
Steel Coating Type:	<u>MW</u>	Longitudinal (Feet):	
Mill Wrap - Epoxy - X-tru - Bare - Other			
Plastic Type:		Coating Condition:	<u>FAIR</u>
Yellow - Orange - Black - Aldyl - Other		Good - Fair - Poor	
Pipe Diameter (inches):	<u>4</u>	Pipe/Wire to Soil (-V):	<u>-11</u>
Pipe Depth Existing (Inches):	<u>40</u>	Internal Condition:	<u>GOOD</u>
Exposed Pipe (feet):	<u>8</u>	Good - Fair - Poor	
Facility Matches Map:	<u>YES</u>	Pipe Liquids:	<u>NO</u>
Yes - No		Yes - No	
Map Action Taken:	<u>Notified</u>	Wall Ultrasonic Thickness (UT):	<u>.248</u>
Supv. Correction			

ADDITIONAL LEAK TEST:

Test Type: SOAP CGI or Meter #: _____

Supplemental Leak Test Comments

SOAP FINAL CONNECTIONS

Comments/Instructions

INSPECTION OF PIPE REMOVED FROM SERVICE:

Pipe Diameter (inches):	<u>4</u>	Internal Pipe Condition:	<u>GOOD</u>
Liquid Evident in Pipe (Y*/N):	<u>N</u>		
Work Performed			

*If yes, follow the PROCEDURE FOR HANDLING DISTRIBUTION FACILITIES WHICH MAY CONTAIN OR HAVE CONTAINED PCB GREASE OR LIQUIDS (5-15-91 General Office Gas Operations Dept.)

Inspector: ✓

CRITERIA (EXTERNAL AND INTERNAL CONDITION)

- GOOD - No visible damage or deterioration to mild pitting.
- FAIR - More severe pitting to metal loss, which is less than 70 percent of the nominal wall thickness.
- POOR - Metal loss in excess of 70 percent of the nominal wall thickness.
(Must take prompt remedial action.)

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: 2.07 PM Date of Damage: 4/21/2016
Name of Location Where Damage Occurred: 40th St W & 3rd Ave W
Location of Damaged Property: NW CORNER of Hwy 22 + 34TH St SW
Rural Location: _____
Estimated Amount of Loss: TO BE CALCULATED First Responder Order No. (If applicable): MDUG-20160421-01303
CC&B Account # (If Applicable): _____ MDU Service Order No. (If applicable): MDUG-20160422-00371
If damaged meter, meter number: _____ Additional Work Order (If applicable): _____
Type of meter: _____

Description and Cause of Loss or Damage

MASTER'S CONSTRUCTION PLOWED HALF WAY THROUGH 4" IP STEEL WHILE INSTALLING FIBER OPTIC. MASTER'S DIGGING OUTSIDE OF DIG TICKET

Part B

Did Loss or Damage Originate on our Premises? (If no, Explain): N
MDU FACILITIES LOCATED ON PRIVATE PROPERTY

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? _____

Part C

If damage was caused by excavation, was location of our facilities requested prior to digging? Y
Location requested by: MASTER CONSTRUCTION Time: _____ Date: _____
Line Locate Number: 16026457
Company property located on:
Damage notification by: MASTER CONSTRUCTION Time: 2:00 PM Date: 4/21/16
Was damager a subcontractor: Y If yes, for whom: CONTRACTOR

Who to bill for damages:

Name of who to Bill: MASTER CONSTRUCTION Name of Equipment Operator: JAY CHRISTIANSON
Address of who to Bill: 1572 45TH NW Type of equipment: TRENCHER
FARGO, ND 58102 Operator's Address: _____
Phone # of who to Bill: 701-866-5981 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:

<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, A BALLESTEROS MDU		
MIKE PEREZ ELM		

In case of line break, complete the following:

<u>Decatherms of gas to bill:</u>	<u>Size of hole(in):</u>	<u>Time line blew:</u>	<u>Time</u>	<u>Date</u>
	90 / 2		5HRS	4/21/2016

Part D

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

Person Filling Out Form: CHRIS BOWDEN/RYAN BERGER

Date: 4/21/2016

Approved By: _____

Date: _____

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 TIME, EQUIPMENT & MATERIALS to be billed on MDUG-20160422-00371				
SCOTT MACLEAN	636995	9	5869	10





