



ONE-CALL COMPLAINT
PUBLIC SERVICE COMMISSION
 SFN 59067 (08/2022)

INSTRUCTIONS: To allege a violation of the One-Call Excavation Notice System (N.D.C.C. Chapter 49-23), complete this form in its entirety.

SECTION I – COMPLAINANT (Individual/entity completing form)

Company/Entity Name (if applicable) Montana Dakota Utilities			
Contact Person Scott Volk	Email Address scott.volk@mdu.com	Telephone Number 701-739-7275	
Mailing Address PO Box 777	City Devils Lake	State ND	Zip Code 58301
Complainant is willing and able to testify on the complaint if matter proceeds to a formal hearing.			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

SECTION II – RESPONDENT (Individual/entity who allegedly violated the One-Call law)

Company/Entity Name (if applicable) Storms Construction			
Contact Person Jerred Storms	Email Address stormsconstruction@midconetwork.com	Telephone Number 701-663-5565, 701-527-5502	
Mailing Address 2120 40th Ave SE #3	City Mandan	State ND	Zip Code 58554

SECTION III – ALLEGED VIOLATION

OPERATOR – A person or entity who owns or operates an underground facility (i.e.: natural gas, electric, sewer, etc.).

<input type="checkbox"/> Operator failed to mark or clear underground facility within locate period.	<input type="checkbox"/> Operator failed to mark underground facility within 24 inches horizontally.
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EXCAVATOR – A person or entity who conducts excavation (i.e.: homeowner, property owner, company, etc.).

<input type="checkbox"/> Excavation started prior to underground facility locate.	<input type="checkbox"/> Excavator failed to provide locate notice prior to beginning excavation.
<input type="checkbox"/> Excavator failed to conduct the excavation in a careful and prudent manner.	<input checked="" type="checkbox"/> Excavator failed to renew locate request prior to expiration of the 21-day period.

OTHER – May be issue/concern with One-Call Center or other alleged violation that is not listed under operator or excavator.

Write Issue/Concern: _____

SECTION IV – DESCRIPTION/DAMAGE

Date and Time of Event July 2, 2024	Location (Address, City, State / Nearest Intersecting Streets / Lat & Long) 3rd St South of Old Elderly Center, Fort Totten, ND	One-Call Ticket Number 24054915
Underground Facility Affected <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Cable <input type="checkbox"/> Communications <input type="checkbox"/> Water <input type="checkbox"/> Sewer/Storm Water <input type="checkbox"/> Petroleum <input type="checkbox"/> Other _____		
Material & Size of Underground Facility (Poly, Steel, Coated Pipe / Fiberoptic / 2 KW/ 1.5 in, 2 in / etc.) 2" Plastic Gas Main	Operator(s) Affected Montana Dakota Utilities	
Estimated Value of Damage \$1,959.91	Injuries (List Number, If Any) _____ Fatalities _____ Injuries _____ Hospitalizations	Number of Customers Affected 30
Description of the alleged violation/concern. If more space is required, attach additional page(s). On July 2, 2024, Storms Construction hit a 2" plastic gas main at the above noted address. Storms Construction was excavating with a backhoe performing water work on an expired ticket. Jerrod Storms was the operator. 30 customers were interrupted. This ticket number is #24054915. At this time Storms Construction was advised to not dig with expired locates. Locate ticket, damage photos, and damage invoice attached.		

SECTION V – SIGNATURE OF COMPLAINANT

Signature 	Printed Name SCOTT VOLK	Date 8/23/2024
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Please email the completed form to ndpsc@nd.gov, fax to 701-328-2410, or mail to: Public Service Commission
 600 E. Boulevard Ave. Dept 408
 Bismarck, ND 58505-0480

Bauske, Shelly A.

From: nd@occinc.com
Sent: Thursday, August 8, 2024 9:10 AM
To: Hansen, Melissa
Subject: Ticket-24054915

You don't often get email from nd@occinc.com. [Learn why this is important](#)

**** WARNING: EXTERNAL SENDER. NEVER click links or open attachments without positive sender verification of purpose. DO NOT provide your user ID or password on sites or forms linked from this email. ****

North Dakota One Call

Ticket No: 24054915 LORQ ROUTINE
Original Call Date: 06/03/24 11:08 am
Work to Begin Date: 06/06/24 12:01 am
Expiration Date: 06/27/24 12:01 am
File Attachments have been added to this ticket.

Caller Information

Company Name: STORMS CONSTRUCTION INC
Contact Name: STORMS CONSTRUCTION INC **Phone:** (701)663-5565
Alt. Contact: JERRED STORMS **Alt. Phone:** (701)527-5502
Caller Address: 2120 40TH AVE SE #3
MANDAN, ND 58554 **Caller ID:** 39718
Email Address: stormsconstruction@midconetwork.com

Dig Site Information

Type of Work: INSTALL WATER MAIN
Work Being Done For: J70 CROW HILL
White Lining/Site Identification: MAP
Depth: OVER 10FT **Explosives:** N **Tunneling/Boring:** Y

Dig Site Location

County: BENSON **Place:** FORT TOTTEN CDP
City Limits: Y
Address:
Street: BIA 7
Intersecting Street: 4TH AVE





INVOICE

SOLD TO:

STORMS CONSTRUCTION
 PO BOX 1112
 MANDAN ND 58544

Invoice Number: 54826
Customer Number: 1080654
Invoice Date: 07/09/24
Reference Number: DVL MDUG-20240702-20630
Amount Due: \$1,959.91
Due Date: 08/08/24

Please return upper portion of invoice with payment.

Terms: DUE IN 30 DAYS

Reference: 3RD ST/4TH AVE, FT TOTTEN, ND

Line	Due Date	Description	Amount
001	08/08/24	REPAIR GAS MAIN	1,959.91
		\$1,506.84 - LABOR	
		\$220.67 - EQUIPMENT	
		\$125.62 - MATERIALS	
		\$106.78 - GAS LOSS	
		CAUSE OF DAMAGE: BACKHOE	
		OPERATOR: JERROD STORMS	
		DATE OF INCIDENT: 7/2/2024	
Please put invoice number 54826 on payment.			
Total		Tax Rate	Total Amount Due
\$1,959.91			\$1,959.91

Payment Options:

Credit/Debit Card, echeck, PayPal, Venmo, Amazon Pay, Apple Pay, Google Pay
 Payments can be made online or by phone using our independent service provider.
 A processing fee will be charged for each transaction.

Pay Online:

MDU - www.montana-dakota.com/invoices
 GPNG - www.gpng.com/invoices

Pay by Phone: 833-425-1700

Pay by Mail:

Montana-Dakota Utilities Co.
 Attn: Revenue Accounting
 400 North 4th St
 Bismarck, ND 58501-4022

Customer Service Questions:

877-610-4881

MISC ACCTS RECEIVABLE - T & M BILLING CALCULATOR (ADDENDUM C) {as of 10/1/21}

CUSTOMER: STORMS CONSTRUCTION 1080654

REFERENCE: DVL MDUG-20240702-20630

GA RATE as of 1/01/18= 0.90%

Electric or Gas	CLASSIFICATION	REGULAR TIME LABOR			OVERTIME LABOR			DOUBLETIME LABOR			TOTAL
		UNITS	RATE	AMOUNT	UNITS	RATE	AMOUNT	UNITS	RATE	AMOUNT	
E	Work Lead/Dist Rep	0.00	81.10	0.00	0.00	96.47	0.00	0.00	128.63	0.00	0.00
E	LineTech/Service Tech	0.00	75.82	0.00	0.00	90.19	0.00	0.00	120.25	0.00	0.00
G	Work Lead/Dist Rep	10.00	74.42	744.20	0.00	88.53	0.00	0.00	118.04	0.00	744.20
G	Welder/Service Tech	0.00	67.67	0.00	0.00	80.50	0.00	0.00	107.33	0.00	0.00
G	Fitter Oper/Serv Fitter	10.00	65.16	651.60	0.00	77.51	0.00	0.00	103.35	0.00	651.60
E/G	Field Op Coordinator	0.00	69.98	0.00	0.00	83.24	0.00	0.00	110.99	0.00	0.00
E/G	Supv Eng Services/Sr Eng	1.00	97.60	97.60	0.00	116.10	0.00	0.00	154.80	0.00	97.60
		<u>20.00</u>		<u>\$ 1,493.40</u>	<u>0.00</u>		<u>\$ -</u>	<u>0.00</u>		<u>\$ -</u>	<u>\$ 1,493.40</u>

GA Loading = \$ 13.44
 \$ 1,506.84

MILEAGE VEHICLES

	MILES	RATE	AMOUNT	TOTAL
1/2 ton pickups and full-size SUVs (managers & supv) Class 14	90	0.68	61.20	61.20
3/4 ton pickups & all vans (serv tech, gas district rep.) Class 16	0	1.63	0.00	0.00
1 ton pickups & trucks (welding trucks) Class 18	0	1.20	0.00	0.00
1 ton manlifts Class 20	30	1.75	52.50	52.50
Trucks 19,501-33,000 GVWR (heavier manlifts) Class 22	30	3.50	105.00	105.00
Large trucks (line trucks, truck tractors) Class 26	0	6.00	0.00	0.00

HOURLY VEHICLES & EQUIPMENT

	HOURS	RATE	AMOUNT	TOTAL
Manlift & other trucks under 33,000 GVW Class 31	0.00	65.00	0.00	0.00
Manlift & other trucks over 33,000 GVW Class 33	0.00	150.00	0.00	0.00
Line Trucks Class 43	0.00	172.50	0.00	0.00
Walk-behind Trenchers Class 51	0.00	120.00	0.00	0.00
Ride-on Trenchers/Plows Class 53	0.00	180.00	0.00	0.00
Mini Excavator/Skid Steer Class 58	0.00	25.00	0.00	0.00
Excavac Class 66	0.00	105.00	0.00	0.00
Welder Class 77	0.00	10.00	0.00	0.00

\$ 218.70
 GA Loading = \$ 1.97

REPAIR GAS MAIN
 3RD ST/4TH AVE, FT TOTTEN, ND
 BACKHOE
 JERROD STORMS

7/2/2024

SUBCONTRACT CHARGES = \$ -
 GA Loading = \$ -
 MUP MATERIALS = \$ 108.26
 MARKUP @ 15% \$ 16.24
 MATERIAL SUBTL = \$ 124.50
 GA Loading = \$ 1.12
 MATERIAL COST = \$ 125.62

	Cost Center	Resource	Sub Acct.	
Bismarck-120, Mobridge-210, Minot-200, Jamestown-280 --->	280	5941	28870	
26.1 Gas Loss = \$ 106.78	12ND	4950	017	
				SUBTOTAL = \$ 1,820.36
				GAS LOSS/GA= \$ 139.55
				TOTAL = \$ 1,959.91

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: _____ District: DEVILS LAKE Town: Ft Totten, ND
Time of Damage: 8:49 AM Date of Damage: 7/2/2024
Name of Location Where Damage Occurred: 3RD ST/4TH AVE
Location of Damaged Property: FT TOTTEN
Rural Location: _____
Estimated Amount of Loss: _____ First Responder Order No. (If applicable): MDUG-20240702-20630
CC&B Account # (If Applicable): _____ MDU Service Order No. (If applicable): _____
If damaged meter, meter number: _____ Additional Work Order (If applicable): _____
Type of meter: _____

Description and Cause of Loss or Damage

MAIN HIT, EXCAVATOR DIGGING ON EXPIRED LOCATE REQUEST

Part B

Did Loss or Damage Originate on our Premises? (If no, Explain): _____

If an Explosion, did a Fire Ensur? _____ (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: _____ Time: _____ Date: _____

Line Locate Number: 24054915

Company property located on:

Damage notification by: _____ Time: _____ Date: _____

Was damager a subcontractor: _____ If yes, for whom: _____

Who to bill for damages:

Name of who to Bill: STORMS CONSTRUCTION

Name of Equipment Operator: JERROD STORMS

Address of who to Bill: 2120 40TH AVE SE #3

Type of equipment: BACKHOE

MANDAN, ND 58554

Operator's Address: _____

Phone # of who to Bill: _____

Operator's Phone #: _____

Name of Insurer: _____

Insurance Policy #: _____

Was a Police Report made: _____ If yes, please attach report

