



**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) Alicia Diede			
Contact Person Alicia Diede	Email Address aliciadiede@hotmail.com	Telephone Number 701-570-4744	
Mailing Address 1309 24th Ave NW	City Minot	State ND	Zip Code 58703
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) Picaro Excavating			
Contact Person	Email Address	Telephone Number 701-263-1280	
Mailing Address	City Minot	State ND	Zip Code 58701

**SECTION III – ALLEGED VIOLATION**

<b>OPERATOR – A person or entity who owns or operates an underground facility (i.e.: natural gas, electric, sewer, etc.).</b>			
<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.		
<b>EXCAVATOR – A person or entity who conducts excavation (i.e.: homeowner, property owner, company, etc.).</b>			
<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 type="checkbox"/> Excavator failed to renew locate request prior to expiration of the 21-day period.		
<b>OTHER – May be issue/concern with One-Call Center or other alleged violation that is not listed under operator or excavator.</b>			
<input checked="" type="checkbox"/> Write Issue/Concern: <u>Picaro has hit gas lines 3 time, electrical lines 2 times. Had to have gas relite twice and without power 2nd time for almost 4 hours. Worried about safety of animals in home and unable to cook and/or live normal life.</u>			

**SECTION IV – DESCRIPTION/DAMAGE**

Date and Time of Event Sept 5th, 6th, 9th	Location (Address, City, State / Nearest Intersecting Streets / Lat & Long) 1309 24th Ave NW	One-Call Ticket Number
Underground Facility Affected <input checked="" 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.)		Operator(s) Affected
Estimated Value of Damage	Injuries (List Number, If Any) Fatalities _____ Injuries _____ Hospitalizations _____	Number of Customers Affected
Description of the alleged violation/concern. If more space is required, attach additional page(s). Gas line hit 3 time; electrical twice. Had to have MDU come relight furnace/gas. Without power for 4 hours. Worried for safety of animals and home. Unable to cook, live life as normal. Worried for safety. Workers of company do not seem to care and seem incapable of performing duties safely or competently.		

**SECTION V – SIGNATURE OF COMPLAINANT**

Signature Alicia Diede	Printed Name Alicia Diede	Date 09/10/2024
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Please email the completed form to [ndpsc@nd.gov](mailto:ndpsc@nd.gov), fax to 701-328-2410, or mail to: Public Service Commission  
 600 E. Boulevard Ave. Dept 408  
 Bismarck, ND 58505-0480