



**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)<br>Montana Dakota Utilities                                     |                                       |   |                             |
| Contact Person<br>Kim Obritsch  | Email Address<br>kim.obritsch@mdu.com | Telephone Number<br>701-290-7365        |                             |
| Mailing Address<br>1133 West Broadway   | City<br>Dickinson                     | State<br>ND                             | Zip Code<br>58601           |
| 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)<br>BEK Consulting, LLC |                   |                                  |                   |
| Contact Person<br>Lonny Kern                               | Email Address     | Telephone Number<br>701-690-1185 |                   |
| Mailing Address<br>3180 Hwy 22 N. PO Box 1010              | City<br>Dickinson | State<br>ND                      | Zip Code<br>58602 |

**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 checked="" 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 type="checkbox"/> Write Issue/Concern: _____   |   |  |  |

**SECTION IV – DESCRIPTION/DAMAGE**

|   |  |                                    |
|---|--|------------------------------------|
| Date and Time of Event<br>9/17/2024 10:15 AM MDT  | Location (Address, City, State / Nearest Intersecting Streets / Lat & Long)<br>72 East Museum Drive/ Sims Street | One-Call Ticket Number<br>24117278 |
| Underground Facility Affected<br><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.)<br>1" plastic gas service line   | Operator(s) Affected<br>MDU  |                                    |
| Estimated Value of Damage<br>\$3,000  | Injuries (List Number, If Any)<br>Fatalities _____ Injuries _____ Hospitalizations _____                         | Number of Customers Affected<br>1  |
| Description of the alleged violation/concern. If more space is required, attach additional page(s).<br>BEK Consulting failed to properly expose MDU gas service line. Locates were marked correctly. This is the 4th hit to MDU facilities by this contractor in 6 days.  |  |                                    |

**SECTION V – SIGNATURE OF COMPLAINANT**

|                                  |                              |                   |
|----------------------------------|------------------------------|-------------------|
| Signature<br><i>Kim Obritsch</i> | Printed Name<br>Kim Obritsch | Date<br>9/17/2024 |
|----------------------------------|------------------------------|-------------------|

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