

Mail completed form to:

PUBLIC UTILITIES COMMISSION
500 EAST CAPITOL AVENUE
PIERRE, SD 57501
ATTN: SOUTH DAKOTA ONE CALL BOARD

UCU4-012

RECEIVED

SEP 13 2004

SOUTH DAKOTA PUBLIC
UTILITIES COMMISSION

COMPLAINT

COMPLETE INFORMATION IS REQUIRED - ADDITIONAL PAGES MAY BE USED IF REQUIRED

ALLEGATION OF PROBABLE VIOLATION(S) OF SOUTH DAKOTA ONE CALL LAWS

I. ACTION REQUESTED BY:

COMPLAINT FILED BY INDIVIDUAL OR BUSINESS* PERSON FILING COMPLAINT: Ginny Beck

COMPANY: Crooks Municipal Utilities ADDRESS: 108 East Main street PHONE NUMBER: 543-5303

SIGNATURE OF COMPLAINANT: *Ginny Beck* DATE: 9/8/2004 EMAIL ADDRESS:
ginnybeck@juno.com

*If the complaint is files on behalf of a Company, the person signing this form should have the proper authority to file the complaint.

II. ACTION REQUESTED AGAINST:

NAME OF EXCAVATOR/FACILITY OPERATOR: American Underground PHONE NUMBER: 428-4689

ADDRESS: 23813 474th Avenue Dell Rapids South Dakota 57022

WAS A LOCATE REQUESTED FROM SD ONE CALL? YES NO LOCATE TICKET #: 042320078

START DATE ON TICKET: 08-23-04

DID EXCAVATOR WAIT UNTIL THE START DATE/TIME ON THE TICKET BEFORE COMMENCING EXCAVATION? YES NO N/A

WERE BURIED FACILITIES EXPOSED BY HAND OR WITH NON-INVASIVE EQUIPMENT PRIOR TO EXCAVATION? YES NO N/A

III. FACILITY INVOLVED (IF ANY)

TYPE OF FACILITY INVOLVED: natural gas OPERATOR OF FACILITY (IF KNOWN): Crooks Municipal Utilities

OPERATOR ADDRESS: 108 East Main PHONE NUMBER: 543-5238

DEPTH OF COVER: 12-18 inches PRESSURE: 50psi VOLTAGE: _____ NUMBER OF CABLE PAIRS: 1

IV. MARKING

WERE FACILITIES MARKED? YES NO N/A

WAS THE MARKING COMPLETE PRIOR TO THE START TIME ON THE TICKET? YES NO N/A

DID EXCAVATOR PRE-MARK WITH WHITE PAINT? YES NO N/A

WAS THE FACILITY MARKED ACCURATELY (WITHIN 18 INCHES)? YES NO N/A

DID EXCAVATOR USE REASONABLE CARE TO MAINTAIN LOCATE MARKS FOR LIFE OF PROJECT?

YES NO

HAVE YOU DISCUSSED THE PREVIOUS STATEMENTS WITH THE OTHER PARTY? YES NO

IS THERE AGREEMENT? YES NO IF NO, PLEASE EXPLAIN: _____

V. DAMAGE (IF ANY)

FATALITIES: _____ INJURIES: _____ LENGTH OF HOSPITALIZATION: _____

ESTIMATED PROPERTY DAMAGE (\$): _____ NUMBER OF CUSTOMERS AFFECTED: 1

DAMAGED IN: PUBLIC PRIVATE (RIGHT-OF-WAY)

PHOTOS OF THE DAMAGED FACILITY? YES NO

ADDITIONAL INFORMATION: _____

VI. PROBABLE VIOLATION

SPECIFIC STATUE(S) OR RULE(S) THAT WAS VIOLATED: 49-7a-5

ADDRESS/LOCATION OF PROBABLE VIOLATION: 505 Kelsey Circle Crooks, SD 57020

DATE/TIME OF PROBABLE VIOLATION: 8-19-04 10:00am

HAVE YOU DISCUSSED THIS PROBABLE VIOLATION WITH THE PARTY THE ACTION IS FILED

AGAINST: YES NO

IF YES, NAME OF THE PARTY WITH WHOM YOU DISCUSSED THE PROBABLE VIOLATION: _____

DESCRIPTION OF PROBABLE VIOLATION: When I arrived on 8-19-04 am to locate the gas on this property the excavator was already trenching in the sprinkler system. even though the start date was not till 8-23-04.