

September 19, 2011

Dr. Nathan Kadlec
Active Care Chiropractic
501 Bloemendaal Drive, PO Box 314
Ipswich, SD 57451

Daniel S. Kuntz
Associate General Counsel
MDU Resources Group, Inc.
PO Box 5650
Bismarck, ND 58506-5650

Mr. Pat Darras
Gas and Utilization Superintendent
Montana-Dakota Utilities Co.
P.O. Box 1457
Bismarck, ND 58502-1457

Re: OC11-006 Active Care Chiropractic against Montana-Dakota Utilities Co.

Under the authority granted by SDCL-49-7A-22, the Enforcement Panel of the South Dakota One Call Notification Board met on September 19, 2011, to determine whether there is probable cause to believe a One Call violation occurred. The Enforcement Panel's findings are enclosed. You may request a hearing according to SDCL-49-7A-27, if you disagree with the Enforcement Panel findings. If you do request a hearing you must present your case to the One Call Board.

Failure to respond to this notice or request a hearing is considered acceptance of the Enforcement Panel recommendation. In that case, the recommendation will be Ordered by the SD One Call Notification Board and your right to hearing is waived.

If you choose to request a hearing please return the signed and dated form prior to the close of business on October 10, 2011 to:

South Dakota One Call Notification Board
c/o Public Utilities Commission
500 East Capitol Avenue
Pierre, SD 57501

Be aware, any future violations of any One Call statute or rule may be subject to additional penalties up to \$5,000 for each subsequent violation that occurs within twelve months of the initial violation. If you have procedural questions relative to this complaint, please contact me at 605-339-0529 or by email at exedir@sdonecall.com . Do Not Contact any members of the South Dakota One Call Notification Board to discuss this complaint since members may be involved in a hearing if one is requested.



Larry L. Janes
Executive Director
South Dakota One Call

**REQUEST FOR A HEARING
COMPLAINT OC11-006**

**I REJECT THE COMMITTEE RESOLUTION TO COMPLAINT OC11-006
AND REQUEST A HEARING.**

Signature – Active Care Chiropractic

Date

**I REJECT THE COMMITTEE RESOLUTION TO COMPLAINT OC11-006
AND REQUEST A HEARING.**

Signature – Montana-Dakota Utilities Co.

Date

**YOUR REQUEST FOR A HEARING MUST BE SENT TO ALL OTHER
PARTIES INCLUDING:**

**SOUTH DAKOTA ONE CALL NOTIFICATION BOARD
C/O SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
500 E. CAPITOL AVE.
PIERRE, SD 57501-5070**

**Failure to request a hearing, results in acceptance of the Enforcement
Committee's recommendation. In that case, the One Call Board will Order the
recommendation as the final disposition of this Complaint.**