
From: donotreply@sdonecall.com[SMTP:DONOTREPLY@SDONECALL.COM]

Sent: Thursday, March 13, 2014 2:27:30 PM

To: PUC Docket Filings

Subject: New One Call Complaint Form

Auto forwarded by a Rule

1. Action Requested By:

Complaint filed on behalf of or by: city of big stone city

Contact Person: Robert L. Athey

Phone: 605-862-8121 **Ext:**

Street Address or PO Box: 400 washington ave

City: big stone city

State: sd

Zip: 57216

Fax: 605-862-8109

Email Address: bigstonecity@midconetwork.com

Date: 3/13/2014

2. Action Requested Against:

Name of excavator / facility operator: century link

Phone: 800-283-4237 **Ext:**

Street Address Or PO Box: 125 south dakota ave

City: sioux falls

State: sd

Zip: 57104

Fax: --

Email Address:

Is this party aware of your allegations?: No

Provide detail including whom you spoke with:

3. Basic Facts:

Street Address / location of alleged violation: 808 4th ave

City: big stone city

State: sd

Date of alleged violation: 01/31/2014

Time of alleged violation: 4:45 p.m.

Describe your allegation: Locater did not respond in the allocated time required by south Dakota one call law

Do you believe the alleged violation to be intentional?: Yes

Why or why not?: because they did not have anyone in the area to locate

4. Excavation / Locate Information:

Was a locate requested from SD One Call?: Yes

If a locate was requested:

Locate ticket #: 140310053

Start date and time on ticket: 01-31-2014 4:45 p.m.

Did the excavator wait until the start date / time on the ticket before commencing excavation?: Yes

If no, when did excavation begin (date and time)?: 02/01/2014 9:00 a.m.

Did the excavator maintain a minimum horizontal clearance of 18 inches between a marked facility and mechanical equipment?: NA

Explain: We had to wait until the next day because of darkness.

Were buried facilities exposed by hand or non-invasive equipment prior to excavation?: NA

Were facilities marked?: Yes

Was the marking complete prior to the start time on the ticket?: No

Did the excavator pre-mark with white paint?: NA

Was the facility marked accurately (within 18 inches)?: Yes

Did the excavator use reasonable care to maintain locate marks for the life of project?: Yes

Type of facility involved: water

Operator of facility (if known): city if big stone city

Operator address (Street or PO Box):

City:

State:

Zip:

Phone: --

Depth of Cover:

Pressure:

Voltage:

of cable pairs:

5. Damages

Was the facility damaged?: No

If yes, provide detail and an estimate of damage:

Were damages on public right of way or private property?:

Was anyone injured as a result of facility damage?: No

If yes, provide detail:

Length of hospitalization:

Were there fatalities?: No

If yes, provide detail:

Was operator service affected?: Yes

If yes, provide detail (how many customers for how long): customers without water service

Other information regarding injuries or damages:

6. Statutory Violation

Specific statute(s) or rule(s) you believe were violated: 20:25:03:10

Other information to support your position: