

1. COMPLAINT DOCKET NUMBER: OC16-007

2. RESPONDENT INFORMATION

Reply filed on behalf of (company name): Boom Construction

Contact Person: Daene Boomsma

Phone: (605) 381-5707

Ext: 0

Address or PO Box: 550 N 5th St

Rapid City, South Dakota 57701

United States

Fax: 6057168800

Email: daene@boominc.net

Date: Jun 13, 2016

Were you previously aware of these allegations?: No

Provide detail including whom you spoke with: The homeowners call me directly in the evening to let me know they smelled gas. My company had hired a landscaping company to install sprinkler system.

3. BASIC FACTS

Do you dispute the alleged violation of SD One Call statute or rule occurred?: Yes

If yes, what specifically do you dispute?: Boom Construction was not performing the trenching or install of the sprinkler system. I called MDU only because the homeowner complained of gas smell. I later found out that the sprinkler company had hit the line and didn't know they had.

Do you dispute the complainant's statements regarding the intentional or unintentional nature of the alleged violation?: Yes

If yes, please explain: Boom Construction was not performing any work or trenching that caused the damage.

4. EXCAVATION / LOCATE INFORMATION: if applicable

Was a locate requested from SD One Call?: Not sure

Locate ticket #:

Start date on ticket:

Start time on ticket:

IMPORTANT: IF A LOCATE TICKET IS TO BE CONSIDERED AS EVIDENCE, A COPY OF THE LOCATE TICKET MUST BE ATTACHED WHEN SUBMITTING THIS FORM.

Did excavation begin before the start date / time on the ticket?: NA

Was a minimum horizontal clearance of 18 inches maintained between a marked facility and mechanical equipment?: NA

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

Were facilities marked?: NA

Was the marking complete prior to the start time on the ticket?: NA

Was the excavation site pre-marked with white paint?: NA

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

Was there reasonable care to maintain locate marks for the life of project?: NA

Did the complainant correctly describe the type of facility involved?: Yes

If not, provide detail:

5. DAMAGES: (Please provide pictures)

Did the complainant correctly describe the damages that resulted from the alleged violation?: NA

If no, provide detail:

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

Did complainant correctly describe how operator service was affected?: Yes

If no, provide detail:

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:

Other information regarding injuries or damages:

6. STATUTORY VIOLATION (if known):

Do you believe the statutes listed (if any) by the complainant were violated?: No

Why or why not?:

7. FUTURE COMPLIANCE:

Describe your plans and procedures to ensure compliance with SD One Call statutes and rules:

8. PAST VIOLATIONS:

Has a complaint been filed against you in the past for SD One Call violations?: No

If yes, when was it filed?:

9. OTHER INFORMATION:

Please provide any additional information to support your position:

LOCATE TICKETS, PHOTOS, WITNESS STATEMENTS AND ANY OTHER DOCUMENTATION TO SUPPORT YOUR ARGUMENT MUST BE ATTACHED WHEN SUBMITTING THIS FORM.

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