

## 1. ACTION REQUESTED BY

**Complaint filed on behalf of or by:** Montana-Dakota Utilities

**Contact Person:** Toby Bordewyk

**Phone:** (605) 355-4054

**Ext:**

**Street Address or PO Box:** 505 Heritage Dr  
Spearfish, South Dakota 57783  
United States

**Fax:**

**Email:** [toby.bordewyk@mdu.com](mailto:toby.bordewyk@mdu.com)

**Date:** Aug 31, 2016

## 2. ACTION REQUESTED AGAINST

**Name of excavator / facility operator:** New Way Builders

**Phone:** (307) 756-2986

**Ext:**

**Street Address or PO Box:** 126 Pine Haven Rd  
Pine Have, Wyoming 827212  
United States

**Fax:**

**Email Address:**

**Is this party aware of your allegations?:** Yes

**Provide detail including whom you spoke with:** I left a message for David Schrock but have not received a return phone call

## 3. BASIC FACTS

**Street Address / location of alleged violation:** Split Rock Road

**City:** Sturgis

**State:** SD

**Date of alleged violation:** Jul 22, 2016

**Time of alleged violation:** 04:45 PM

**Describe your allegation:** Contractor damaged 2" gas line on Split Rock Rd in Sturgis – no record of locates have been requested. Contractor has also damage 2" main on Hurley Drive the previous week.

**Do you believe the alleged violation to be intentional?:** No

**Why or why not?:** No intentional damage but no record or locate being requested

#### **4. EXCAVATION / LOCATE INFORMATION: if applicable**

**Was a locate requested from SD One Call?:** No

**Locate ticket #:**

**Start date on ticket:**

**Start time on ticket:**

**Did the excavator wait until the start date / time on the ticket before commencing excavation?:** No

**If no or not sure, when did excavation begin (date)?:**

**If no or not sure, when did excavation begin (time)?:**

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

**Explain:** No record of locate being requested

**Were buried facilities exposed by hand or non-invasive equipment prior to excavation?:** No

**Were facilities marked?:** No

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

**Did the excavator pre-mark with white paint?:** No

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

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

**Type of facility involved:** Natural gas

**Operator of facility (if known):** Montana-Dakota Utilities

**Operator address (Street or PO Box):** 505 Heritage Dr

Spearfish, South Dakota 57783

United States

**Operator Phone:** (605) 355-4054

**Depth of Cover:** 30 inches

**Pressure:** 25 psig

**Voltage:** NA

**# of cable pairs:** NA

#### **5. DAMAGES: (Please provide pictures)**

**Was the facility damaged?:** Yes

**If yes, provide detail and an estimate of damage:** Gas line was punctured with back hoe bucket – estimated repair costs \$2000

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

**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?:** No

**If yes, provide detail (how many customers for how long):**

## **6. STATUTORY VIOLATION (if known):**

**Specific statute(s) or rule(s) you believe were violated:** Did not request locate

**Other information to support your position:**