

Mail completed form to:

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

RECEIVED  
MAY 04 2005  
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 P O box 785 Crooks SD 57020 ADDRESS

PHONE NUMBER: 605 543-5238 EMAIL ADDRESS: ginnybeck@juno.com

SIGNATURE OF COMPLAINANT: Ginny Beck *Ginny Beck 5-2-05* DATE:

\*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: Vandersnick Excavating PHONE NUMBER: 605 594 6670

ADDRESS: 48587 254<sup>th</sup> St. Garretson SD 57030

WAS A LOCATE REQUESTED FROM SD ONE CALL? YES \_\_\_ NO

LOCATE TICKET #: START DATE ON TICKET:

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 main that runs in public right away in front of property in question

OPERATOR OF FACILITY (IF KNOWN): Crooks Municipal Utilities

**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: None \_\_\_\_\_ LENGTH OF HOSPITALIZATION: \_\_\_\_\_

ESTIMATED PROPERTY DAMAGE (\$): None \_\_\_\_\_ NUMBER OF CUSTOMERS AFFECTED: \_\_\_\_\_

DAMAGED IN: PUBLIC \_\_\_ PRIVATE \_\_\_ (RIGHT-OF-WAY) PHOTOS OF THE DAMAGED FACILITY? YES \_\_\_ NO \_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

**VI. PROBABLE VIOLATION**

SPECIFIC STATUTE(S) OR RULE(S) THAT WAS VIOLATED: No ticket requested (I forgot the exact statute number) 49-7A-5

ADDRESS/LOCATION OF PROBABLE VIOLATION: 47291 Dusenbergl Place Renner SD 57055

DATE/TIME OF PROBABLE VIOLATION: April 16, 2005 (or around)

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: \_\_\_\_\_

**OPERATOR ADDRESS:** \_\_\_\_\_ P O box 785 Crooks SD  
57020 \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ 605 543 5238 \_\_\_\_\_

**DEPTH OF COVER:** \_\_\_\_\_ 36 inches \_\_\_\_\_ **PRESSURE:** \_\_\_\_\_ **VOLTAGE:** \_\_\_\_\_ **NUMBER OF CABLE  
PAIRS:** \_\_\_\_\_





