

Formstack Submission For: [South Dakota One Call Reply Form](#)

Submitted at 10/13/22 11:48 AM

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| Complaint Docket Number: | OC22-013 |
| Reply filed on behalf of (company name): | Lake Madison Sanitary District |
| Contact Person: | Cody Miller |
| Phone Number: | (605) 256-6677 |
| Ext: | |
| Name or Company Name: | Lammers, Kleibacker, Dawson & Miller, LLP. |
| Street Address or PO Box: | PO Box 45 108 North Egan Ave Madison, SD 57042 |
| Fax: | (605) 256-6679 |
| Email: | cody@lkdmlaw.com |
| Date: | Oct 03, 2022 |
| Were you previously aware of these allegations?: | Yes |
| Provide detail including whom you spoke with.: | |
| Do you believe the statutes listed (if any) by the complainant were violated?: | No |
| Why or why not?: | See attached documents. |

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

If yes, what specifically do you dispute?:

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

If yes, please explain.:

Was a locate requested from SD One Call?: Yes

Locate ticket #:

Start date on ticket:

Start time on ticket:

Copy of the locate ticket:

If no, please explain why no locate request was made.:

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

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

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

Were facilities marked? : Yes

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

Was the excavation site pre-marked with white paint?: No

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| Was the facility marked accurately (within 18 inches)?: | Yes |
| Was there reasonable care to maintain locate marks for the life of project?: | N/A |
| Did the complainant correctly describe the type of facility involved?: | Yes |
| Provide details: | See attached documents. |
| Did the complainant correctly describe the damages that resulted from the alleged violation?: | No |
| Provide details: | See attached documents. |
| Was the one-call notification center immediately notified of the damage, dislocation, or disturbance?: | No |
| File: | |
| If No, why not?: | |
| Was the operator of the facility immediately notified of the damage, dislocation, or disturbance?: | No |
| If No, why not?: | |
| Was there an escape of any flammable, toxic, or corrosive gas or liquid?: | No |
| If Yes, but if 911 was not called, or if you don't know, explain why.: | |
| Did the complainant correctly describe the damages that resulted from the alleged violation?: | No |
| If no, provide details.: | |

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

Private

Did complainant correctly describe how operator service was affected?:

No

Provide Details:

See attached documents.

Was anyone injured as a result of facility damage?:

No

If yes, provide details.:

Length of hospitalization:

Were there fatalities?:

No

If yes, provide details.:

Other information regarding injuries or damages:

See attached documents.

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

See attached documents.

Has a complaint been filed against you in the past for SD One Call violations?:

No

If yes, when was it filed?:

Please provide any additional information to support your position.:

See attached documents

Attachment Information: File names should not include symbols. Example:(\$, &, *, %.) etc.:

[View File](#)