



# MONTANA-DAKOTA

UTILITIES CO.

A Division of MDU Resources Group, Inc.

400 North Fourth Street  
Bismarck, ND 58501  
(701) 222-7900

July 7, 2008

Ms. Patricia Van Gerpen  
Executive Director  
South Dakota Public Utilities Commission  
500 East Capitol Avenue  
Pierre, SD 57501

RE: Excess Flow Valve Program  
Docket No. NG08-\_\_\_\_

Montana-Dakota Utilities Co. (Montana-Dakota), a Division of MDU Resources Group, Inc., herewith electronically submits for Commission approval the attached tariff sheet designated as Section No. 6, 1<sup>st</sup> Revised Sheet No. 21, cancelling Original Sheet No. 21.

Prior to June 1, 2008 and in accordance with 49 CFR Part 192, Paragraph 192.383 effective February 3, 1999, Montana-Dakota provided information to Residential customers concerning excess flow valves (EFV) and the customer had the option to either request or decline the EFV.

The Gas Service Order included on 1<sup>st</sup> Revised Sheet No. 21 has been revised to reflect the elimination of the practice of offering new customers the option of installing an EFV. This is necessary because as of June 1, 2008 in compliance with the United States Department of Transportation Regulations under the Natural Gas Pipeline Safety Act, as set forth in Title 49 of the Code of Federal Regulations, Part 192, EFV's will be installed as standard construction practice on Residential services under the conditions noted below:

- i) The service line is installed or entirely replaced after June 1, 2008;
- ii) The service line operates continuously throughout the year at a pressure not less than 10 pounds per square inch gauge;
- iii) The service line is not connected to a gas stream with respect to which the operator has had prior experience with contaminants the presence of which could interfere with the operation of an excess flow valve;
- iv) The installation of an excess flow valve on the service line is not likely to cause loss of service to the residence or interfere with necessary operation or maintenance activities, such as purging liquids from the service line.

Effective June 1, 2008, Residential customers will not be charged for the installation of the EFV.

The revised tariff sheet along with a second set of the affected tariff sheet on which Montana-Dakota has indicated the revisions by lining through the existing language are included.

Please acknowledge receipt by stamping or initialing the duplicate copy of this letter attached hereto and returning the same in the enclosed self-addressed, stamped envelope.

Sincerely,

A handwritten signature in black ink that reads "Donald R. Ball". The signature is written in a cursive style with a large, prominent initial "D".

Donald R. Ball  
Vice President – Regulatory Affairs

Attachment



**Montana-Dakota Utilities Co.**  
 A Division of MDU Resources Group, Inc.  
 400 N 4<sup>th</sup> Street  
 Bismarck, ND 58501

**State of South Dakota  
 Gas Rate Schedule – SDPUC Volume No. 2**

Section No. 6  
 1<sup>st</sup> Revised Sheet No. 21  
 Canceling Original Sheet No. 21

**GAS SERVICE ORDER**

<b>GAS SERVICE ORDER (Form 2897 Rev. 1-01)</b>		<b>FARM TAP ACCOUNT: YES NO</b>		<b>CUSTOMER ACCOUNT NO.:</b>	
<b>REGION:</b>		<b>SERVICE ADDRESS:</b>		<b>STUB WORK ORDER NO. _____ DOC NO. _____</b>	
<b>SERV.:</b> YES ___ NO ___	<b>TOWN:</b>	<b>STATE:</b>	<b>ADDITION:</b>	<b>SERVICE LINE WORK ORDER NO. _____ DOC NO. _____</b>	
			<b>RETIREMENT:</b>	<b>GAS MAIN EXTENSION WORK ORDER NO. _____ DOC NO. _____</b>	
<b>TOWNSHIP/RANGE:</b>	<b>SECTION:</b>	<b>BLOCK:</b>	<b>LOT:</b>	<b>CREDIT APPROVAL: _____ MAIN EXTENSION REQUIRED? YES ___ NO ___</b>	
			<b>CITY LIMITS:</b>	<b>CONTRIBUTION MAIN? YES ___ NO ___ CONTRIBUTION RECEIVED? YES ___ NO ___</b>	
			<b>INSIDE</b>		
			<b>OUTSIDE</b>		
<b>MAP NO.:</b>	<b>SUBDIVISION:</b>	<b>LOCATE NO.:</b>		<b>SPECIAL INSTRUCTIONS:</b>	
<b>SERVICE ORDER EXPIRATION DATE: _____</b>					
<b>Customer Name: _____</b>					
<b>Mailing Address: _____</b>					
<b>Telephone Numbers:</b>		<b>Home: _____</b>			
<b>Work: _____</b>		<b>Cell: _____</b>			
		<b>ACCT. NO.</b>	<b>ESTIMATE / BID</b>	<b>TOTAL COSTS</b>	
<b>Excess Flow Valve: ___5" ___7.5" ___1"</b>			<b>\$</b>	<b>LABOR \$ _____ MATERIALS \$ _____ EQUIPMENT \$ _____</b>	
<b>Now Service Line, Price Per Foot</b>	<b>(.28796)</b>		<b>\$</b>	<b>JOB START DATE: _____ JOB COMPLETION DATE: _____</b>	
<b>Now Service Line, Time &amp; Material</b>	<b>(.28796)</b>		<b>\$</b>	<b>HOURS _____ GAS MAIN WORK (.2897) BILLABLE: YES ___ NO ___</b>	
<b>Replacement Service Line, Price Per Foot</b>	<b>(.28797)</b>		<b>\$</b>	<b>HOURS _____ GAS STUB WORK (.2892) BILLABLE: YES ___ NO ___</b>	
<b>Replacement Service Line, Time &amp; Material</b>	<b>(.28797)</b>		<b>\$</b>	<b>WORKED PERFORMED:</b>	
<b>Relocate or Repair Portion of SL</b>	<b>(.28799)</b>		<b>\$</b>		
<b>Installation of Customer Owned Line (0389) (May require signed merchandise order)</b>					
<b>Related charges</b>					
<input type="checkbox"/> Residential	<input type="checkbox"/> New Construction	<input type="checkbox"/> Billing (In Full			
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Conversion	<input type="checkbox"/> 12 Payments			
<input type="checkbox"/> Commercial	<input type="checkbox"/> Replacement	<input type="checkbox"/> Other:			
<b>ESTIMATED GAS INPUT: _____ CFH</b>					
<p>IT IS THE CUSTOMER'S RESPONSIBILITY TO LOCATE AND MARK PRIVATE UNDERGROUND FACILITIES ON THIS PROPERTY. THE CUSTOMER SHALL BE RESPONSIBLE FOR DAMAGES TO UNMARKED FACILITIES OR FOR CHANGES RESULTING FROM IMPROPER METER LOCATION OR GRADE LEVEL. PRICES PERTAIN TO NORMAL DIGGING AND BACKFILLING CONDITIONS. ADDITIONAL CHARGES WILL BE LEVIED FOR: 1) Excavating in frozen or rocky ground, 2) concrete/asphalt removal and/or replacement, 3) stamping to meet compaction specifications, and 4) hand digging/backfilling to meet landscaping specifications.</p> <p>I agree to all conditions of this order.</p>					
<b>CUSTOMER SIGNATURE _____ DATE _____</b>				<b>ENGINEERING DATA:</b>	
<b>ORDER RECEIVED BY _____ DATE _____</b>				<b>ASPHALT/CONCRETE: YES ___ NO ___</b>	
				<b>JOINT TRENCH:</b>	
				<b>TELEPHONE _____ POWER _____</b>	
				<b>CURB BOX: YES ___ NO ___</b>	
				<b>METER GUARD: YES ___ NO ___</b>	
				<b>CABLE TV _____ REC _____</b>	
				<b>REG./ORIFICE SIZE: _____</b>	
				<b>METER SIZE: _____</b>	
				<b>RISER SIZE: _____ RISER LOCATION: _____</b>	
				<b>IS RISER CATHODICALLY PROTECTED? YES ___ NO ___</b>	

Date Filed:

Effective Date:

Issued By: Donald R. Ball  
 Vice President-Regulatory Affairs

Docket No.:

# Tariffs Reflecting Proposed Changes



**Montana-Dakota Utilities Co.**  
 A Division of MDU Resources Group, Inc.  
 400 N 4<sup>th</sup> Street  
 Bismarck, ND 58501

**State of South Dakota  
 Gas Rate Schedule – SDPUC Volume No. 2**

Section No. 6  
 Original Sheet No. 21  
 Canceling Vol. 1 Sub. Original Sheet No. 28

**GAS SERVICE ORDER**

GAS SERVICE ORDER Form 20227 Rev. 1-011		FARM TAP ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO		CUSTOMER ACCOUNT NO.:	
REGION		SERVICE ADDRESS		STUB WORK ORDER NO. _____ DOC NO. _____	
EFV: <input type="checkbox"/> YES <input type="checkbox"/> NO	TOWN	STATE	ADDITION RETIREMENT	SERVICE LINE WORK ORDER NO. _____ DOC NO. _____	
TOWNSHIP/RANGE	SECTION	BLOCK	LOT	GAS MAIN EXTENSION WORK ORDER NO. _____ DOC NO. _____	
MAP NO.	SUBDIVISION	LOCATE NO.	CITY LIMITS: <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	CREDIT APPROVAL: _____ MAIN EXTENSION REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SERVICE ORDER EXPIRATION DATE: _____			CONTRIBUTION MAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO CONTRIBUTION RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Customer Name: _____			SPECIAL INSTRUCTIONS: _____		
Mailing Address: _____			TOTAL COSTS		
Telephone Numbers: Home: _____ Cell: _____			LABOR \$ _____ MATERIALS \$ _____ EQUIPMENT \$ _____		
Work: _____			JOB START DATE: _____ JOB COMPLETION DATE: _____		
ACCT. NO. ESTIMATE / BID			HOURS _____ GAS MAIN WORK (.2087) BILLABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Excess Flow Valve: <input type="checkbox"/> 6" <input type="checkbox"/> 7.5" <input type="checkbox"/> 1"			HOURS _____ GAS STUB WORK (.2092) BILLABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
New Service Line, Price Per Foot (.20796) \$ _____			WORKED PERFORMED: _____		
New Service Line, Time & Material (.20796) \$ _____			_____		
Replacement Service Line, Price Per Foot (.20797) \$ _____			_____		
Replacement Service Line, Time & Material (.20797) \$ _____			_____		
Relocate or Repair Portion of SL (.20799) \$ _____			_____		
Installation of Customer Owned Line (0380) (May require signed merchandise order)			_____		
Related charges \$ _____			_____		
<input type="checkbox"/> Residential <input type="checkbox"/> New Construction <input type="checkbox"/> Billing in Full <input type="checkbox"/> Mobile Home <input type="checkbox"/> Conversion <input type="checkbox"/> 12 Payments <input type="checkbox"/> Commercial <input type="checkbox"/> Replacement <input type="checkbox"/> Other: _____			_____		
ESTIMATED GAS INPUT: _____ CFH			_____		
<p>IT IS THE CUSTOMER'S RESPONSIBILITY TO LOCATE AND MARK PRIVATE UNDERGROUND FACILITIES ON THIS PROPERTY. THE CUSTOMER SHALL BE RESPONSIBLE FOR DAMAGES TO UNMARKED FACILITIES OR FOR CHANGES RESULTING FROM IMPROPER METER LOCATION OR GRADE LEVEL. PRICES PERTAIN TO NORMAL DIGGING AND BACKFILLING CONDITIONS. ADDITIONAL CHARGES WILL BE LEVIED FOR: 1) Excavating in frozen or rocky ground, 2) concrete/asphalt removal and/or replacement, 3) stamping to meet compaction specifications, and 4) hand digging/backfilling to meet landscaping specifications.</p> <p>I RECEIVED INFORMATION CONCERNING EXCESS FLOW VALVES AND REQUEST/DECLINE _____ (CHECK THE APPROPRIATE RESPONSE) TO HAVE AN EXCESS FLOW VALVE INSTALLED ON THE SERVICE LINE I REQUESTED. I agree to all conditions of this order.</p>					
CUSTOMER SIGNATURE _____ DATE _____			ENGINEERING DATA: ASPHALT/CONCRETE: <input type="checkbox"/> YES <input type="checkbox"/> NO TELEPHONE _____ POWER _____ CURB BOX: <input type="checkbox"/> YES <input type="checkbox"/> NO METER GUARD: <input type="checkbox"/> YES <input type="checkbox"/> NO CABLE TV _____ REC _____ REG./OFFICE SIZE: _____ METER SIZE: _____ RISER SIZE: _____ RISER LOCATION: _____ IS RISER CATHODICALLY PROTECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ORDER RECEIVED BY _____ DATE _____					

Date Filed:

Effective Date:

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