NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed 100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.

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U.S Department of Transportation
Pipeline and Hazardous Materials Safety Administration

 Original Report Date:
 04/03/2018

 No.
 20180039- 30140

 (DOT Use Only)

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0522. All responses to this collection of information are mandatory. Send comments regarding the burden or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline/library/forms.

Report Type: (select all that apply)	Original:	Supplemental:	Final:
	Yes		Yes
Last Revision Date	40004		
Operator's OPS-issued Operator Identification Number (OPID):	12684		
2. Name of Operator	MONTANA - DAKC	OTA UTILITIES CO	
3. Address of Operator:	400 NODELL FOLID	THATCET	
3a. Street Address	400 NORTH FOUR	THSTREET	
3b. City	BISMARCK		
3c. State	North Dakota		
3d. Zip Code	58501		
4. Local time (24-hr clock) and date of the Incident:	03/05/2018 14:45		
5. Location of Incident:	I		
5a. Street Address or location description	747 Timmons Blvd		
5b. City	Rapid City		
5c. County or Parish	Pennington		
5d. State:	South Dakota		
5e. Zip Code:	57703		
5f. Latitude:	44.077564		
Longitude:	-103.150081		
6. National Response Center Report Number:	1205947		
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:	03/05/2018 17:30		
8. Incident resulted from:	Unintentional release	se of gas	
9. Gas released:	Natural Gas		
- Other Gas Released Name:			
10. Estimated volume of gas released - Thousand Cubic Feet (MCF):	38.650		
11. Were there fatalities?	No		
- If Yes, specify the number in each category:			
11a. Operator employees			
11b. Contractor employees working for the Operator			
11c. Non-Operator emergency responders			
11d. Workers working on the right-of-way, but NOT			
associated with this Operator			
11e. General public			
11f. Total fatalities (sum of above)			
12. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
12a. Operator employees			
12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders			
12d. Workers working on the right-of-way, but NOT			
associated with this Operator			
12e. General public			
12f. Total injuries (sum of above)			
13. Was the pipeline/facility shut down due to the incident?	Yes		
- If No, Explain:			

Form PHMSA F 7100.1 Page 1 of 9

- If Yes, complete Questions 13a and 13b: (use local time, 24-hr clock)

139. Local ime pipelinerhality restricted Still shall down? If Supplemental Report Required) 14. Did the gas ignite? 15. Did the gas eprofice? 16. Number of general public evacuated: 16. Number of general public evacuated: 17. Time sequence (ase facilities) and the still restricted incident. effective 10-2014, "incident" 17. Time sequence (ase facilities) and the still restricted incident. effective 10-2014, "incident" 17. Time sequence (ase facilities) and still restricted incident. effective 10-2014, "incident" 17. Time sequence (ase facilities) and still restricted incident. effective 10-2014, "incident." 17. Time sequence (ase facilities) and still restricted incident. 17. Local lime operator resolutions and still restricted incident. 18. Was the Incident on Foderal land? 19. Actes of Incident. 29. Actes of Incident. 29. Actes of Incident. 20. Location of Incident. 20. Part of system involved in Incident. 20. Part of system	13a. Local time and date of shutdown:	03/05/2018 16:05
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4b. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c: - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) Unknown? 5. Type of release involved: - If Mechanical Puncture - Specify Approx size: Approx. size: in. (axial): in. (circumferential): - If Ceak - Select Type: Other - If Other, Describe: Approx. size: (widest opening): (length circumferentially or axially):	- If Other, specify: 2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incided as. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify:	Outside Meter/Regulator set 2005 ent" (from PART C, Question 2), provide the following: Other
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etc.) Unknown? 5. Type of release involved: If Mechanical Puncture - Specify Approx size: Approx. size: in. (axial): in. (circumferential): - If Leak - Select Type: Other - If Other, Describe: - If Rupture - Select Orientation: - If Other, Describe: Approx. size: (widest opening): (length circumferentially or axially):	- If Other, specify: 2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incident and Inc	Outside Meter/Regulator set 2005 Int" (from PART C, Question 2), provide the following: Other Regulator body and associated piping
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4. Olera Lagatina of Lagidant	Olara Olaratia
. Class Location of Incident :	Class 3 Location
2. Estimated Property Damage :	L # 45 500
2a. Estimated cost of public and non-Operator private	\$ 45,500
property damage paid/reimbursed by the Operator – effective 6-2011,	
"paid/reimbursed by the Operator" removed	
Estimated cost of gas released – effective 6-2011, moved to item 2f	
2b. Estimated cost of Operator's property damage & repairs	\$ 2,386
2c. Estimated cost of Operator's emergency response	\$ 4,390
2d. Estimated other costs	\$0
- Describe:	
2e. Property damage subtotal (sum of above)	\$ 52,276
Cost of Gas Released	
2f. Estimated cost of gas released	\$ 173
Total of all costs	\$ 52,449
B. Estimated number of customers out of service:	T \$ 52,449
3a. Commercial entities	1 4
•	1
3b. Industrial entities	0
3c. Residences	0
PART E - ADDITIONAL OPERATING INFORMATION	
Estimated pressure at the point and time of the Incident (psig):	50.00
2. Normal operating pressure at the point and time of the Incident (psig):	50.00
Maximum Allowable Operating Pressure (MAOP) at the point and time of he Incident (psig):	55.00
Describe the pressure on the system relating to the Incident:	Pressure did not exceed MAOP
5. Was a Supervisory Control and Data Acquisition (SCADA) based system in	No
place on the pipeline or facility involved in the Incident?	
- If Yes:	
5a. Was it operating at the time of the Incident?	
5b. Was it fully functional at the time of the Incident?	
5c. Did SCADA-based information (such as alarm(s), alert(s),	
event(s), and/or volume or pack calculations) assist with the detection of the Incident?	
5d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Incident?	
6. How was the Incident initially identified for the Operator?	Notification from Emergency Responder
- If Other, Specify:	
6a. If "Controller", "Local Operating Personnel, including	
contractors", "Air Patrol", or "Ground Patrol by Operator or its	
contractor" is selected in Question 6, specify.	
7. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident?	No, the facility was not monitored by a controller(s) at the tim of the Incident
- If "No, the operator did not find that an investigation of the controller(s)	of the modern
actions or control room issues was necessary due to:"	
(provide an explanation for why the operator did not investigate)	
 If Yes, Specify investigation result(s) (select all that apply): Investigation reviewed work schedule rotations, continuous hours 	
of service (while working for the Operator), and other factors	
associated with fatigue - Investigation did NOT review work schedule rotations, continuous	
hours of service (while working for the Operator), and other factors	
associated with fatigue	
- Provide an explanation for why not:	
- Investigation identified no control room issues	
Investigation identified no controller issues	
 Investigation identified incorrect controller action or controller error 	
 Investigation identified that fatigue may have affected the 	
controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
Investigation identified incorrect control room equipment operation	
- Investigation identified maintenance activities that affected control	
room operations, procedures, and/or controller response	
- Investigation identified areas other than those above	
	
Describe:	

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PART F - DRUG & ALCOHOL TESTING INFORMATION	
As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? - If Yes:	No
1a. How many were tested:	
1b. How many failed:	
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes: 2a. How many were tested:	
2b. How many failed:	
PART G - CAUSE INFORMATION	
Select only one box from PART G in shaded column on left representing the Appright. Describe secondary, contributing, or root causes of the Incident in the narro	parent Cause of the Incident, and answer the questions on the ative (PART H).
Apparent Cause:	G4 - Other Outside Force Damage
G1 - Corrosion Failure - only one sub-cause can be picked from shaded le	ft-hand column
Corrosion Failure Sub-Cause:	
- If External Corrosion:	
Results of visual examination:	
- If Other, Specify:	
2. Type of corrosion: - Galvanic	T
- Gaivanic - Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other	
- If Other, Describe:	
3. The type(s) of corrosion selected in Question 2 is based on the following:	
- Field examination	
- Determined by metallurgical analysis	
- Other - If Other, Describe:	
4. Was the failed item buried under the ground?	
- If Yes:	
4a. Was failed item considered to be under cathodic protection at the	
time of the incident?	
- If Yes, Year protection started: 4b. Was shielding, tenting, or disbonding of coating evident at the	
point of the incident? 4c. Has one or more Cathodic Protection Survey been conducted at	
the point of the incident? If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the	
corrosion?	
6. Pipeline coating type, if steel pipe is involved:	
- If Other, Describe:	
- If Internal Corrosion:	
7. Results of visual examination:	
- If Other, Describe:	
8. Cause of corrosion (select all that apply):	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Erosion	

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- Other

- If Other, Specify:	
9. The cause(s) of corrosion selected in Question 8 is based on the following: (s	elect all that apply):
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
10. Location of corrosion (select all that apply):	
- Low point in pipe	
- Elbow	
- Drop-out	
- Other	
- If Other, Describe:	
11. Was the gas/fluid treated with corrosion inhibitor or biocides?	
12. Were any liquids found in the distribution system where the Incident occurred?	
Complete the following if any Corrosion Failure sub-cause is selected AND the Question 2) is Main, Service, or Service Riser.	ne "Part of system involved in incident" (from PART C,
13. Date of the most recent Leak Survey conducted	
14. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
G2 - Natural Force Damage - only one sub-cause can be picked from sha	ded left-handed column
Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
Specify:	
- If Other, Specify:	
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Specify:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Specify:	
- If Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event?	
6.a If Yes, specify (select all that apply):	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Specify:	
G3 – Excavation Damage – only one sub-cause can be picked from shaded	d left-hand column
Excavation Damage – Sub-Cause:	
- If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main, Service, or Service Riser.	NLY IF the "Part of system involved in Incident" (from Part C,
Date of the most recent Leak Survey conducted	
Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	<u> </u>
Most recent year tested:	
Test pressure:	
rest pressure.	
Complete the following if Excavation Damage by Third Party is selected.	
3. Did the operator get prior notification of the excavation activity?	
3a. If Yes, Notification received from: (select all that apply):	,
- One-Call System	

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- Excavator	
- Contractor	
- Landowner	
Complete the following mandatory CGA-DIRT Program questions if any Exca	vation Damage sub-cause is selected.
Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)?	
5. Right-of-Way where event occurred (select all that apply):	
- Public	
- If Public, Specify:	
- Private	
- If Private, Specify:	
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected - Unknown/Other	
6. Type of excavator:	
7. Type of excavation equipment:	
Type of excavation equipment: Type of work performed:	
Was the One-Call Center notified?	
9a. If Yes, specify ticket number:	
9b. If this is a State where more than a single One-Call Center exists, list	
the name of the One-Call Center notified:	
10. Type of Locator:	
11. Were facility locate marks visible in the area of excavation?	
12. Were facilities marked correctly?	
13. Did the damage cause an interruption in service?	
13a. If Yes, specify duration of the interruption:	
14. Description of the CGA-DIRT Root Cause (select only the one predominant	first level CGA-DIRT Root Cause and then, where available as a
choice, the one predominant second level CGA-DIRT Root Cause as well):	
- Root Cause Description:	
If One-Call Notification Practices Not Sufficient, specify:	
If Locating Practices Not Sufficient, specify:	
If Excavation Practices Not Sufficient, specify:	
- If Other/None of the Above, explain:	
G4 - Other Outside Force Damage - only one sub-cause can be selected	from the shaded left-hand column
Other Outside Force Damage – Sub-Cause:	Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng	gaged in Excavation:
Vehicle/Equipment operated by:	Third Party
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring:	
2. Select one or more of the following IF an extreme weather event was a factor	
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Specify:	
 If Previous Mechanical Damage NOT Related to Excavation: Complete the Part C, Question 2) is Main, Service, or Service Riser. Date of the most recent Leak Survey conducted: 	following ONLY IF the "Part of system involved in Incident" (from
Bate of the most recent Leak Survey conducted. Has one or more pressure test been conducted since original construction.	+
at the point of the Incident? - If Yes:	
Most recent year tested:	
Test pressure (psig):	
rock procedio (poig).	
- If Intentional Damage:	
- If Intentional Damage: 5 Specify:	
5. Specify:	
5. Specify: - If Other, Specify:	
5. Specify:	

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G5 - Pipe, Weld, or Joint Failure - only one sub-cause can be selected fro	m the shaded left-hand column
Pipe, Weld or Joint Failure – Sub-Cause:	
- If Body of Pipe:	1
1. Specify:	
- If Other, Describe:	
- If Butt Weld:	
2. Specify:	
- If Other, Describe:	
- If Fillet Weld: 3. Specify:	T
- If Other, Describe:	
- If Pipe Seam:	
4. Specify:	
- If Other, Describe:	
- If Mechanical Fitting:	
Specify the mechanical fitting involved:	
- If Other, Describe:	
Specify the type of mechanical fitting:	
7. Manufacturer:	
8. Year manufactured:	
9. Year Installed:	
10. Other attributes:11. Specify the two materials being joined:	
11a. First material being joined:	
- If Other, Specify:	
11b. If Plastic, specify:	
- If Other Plastic, specify:	
11c. Second material being joined:	
- If Other, Specify:	
- If Other Plastic, Specify:	
12. If used on plastic pipe, did the fitting – as designed by the manufacturer –	
include restraint?	
12a. If Yes, specify:	
- If Compression Fitting:	
13. Fitting type: 14. Manufacturer:	
15. Year manufactured:	
16. Year installed:	
17. Other attributes:	
18. Specify the two materials being joined:	
18a. First material being joined: - If Other, specify:	
18b. If Plastic, specify:	
- If Other Plastic, specify:	
18c. Second material being joined:	
If Other, specify:	
18d. If Plastic, specify: - Other Plastic, specify:	
- If Fusion Joint:	
19. Specify:	
- If Other, Specify:	
20. Year installed:	
21. Other attributes:	
22. Specify the two materials being joined: 22a. First material being joined:	
- If Other, Specify:	
22b. Second material being joined:	
- If Other, Specify:	
- If Other Pipe, Weld, or Joint Failure:	
23. Describe:	

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Complete the following if any Pipe, Weld, or Joint Failure sub-cause is select	ted.
24. Additional Factors (select all that apply):	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle - Misalignment	
- Burnt Steel	
- Other	
- If Other, Specify:	
25. Was the Incident a result of:	
- Construction defect	
Specify:	
- Material defect	
Specify:	
- If Other, Specify:	
- Design defect	
- Previous damage	
26. Has one or more pressure test been conducted since original construction	
at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
G6 - Equipment Failure - only one sub-cause can be selected from the shad	had laft hand column
Go - Equipment Failure - only one sub-cause can be selected from the shad	ded lett-flatid column
Equipment Failure – Sub-Cause:	
- If Malfunction of Control/Relief Equipment:	
1. Specify:	
- Control Valve	
- Instrumentation	
- SCADA	
- Communications - Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- Pressure Regulator	
- Other	
- If Other, Specify:	
- If Threaded Connection Failure:	
2. Specify:	
- If Other, Specify:	
- If Non-threaded Connection Failure:	
3. Specify:	
- If Other, Specify:	
- If Valve:	
4. Specify:	
- If Other, Specify:	
4a. Valve type:	
4b. Manufactured by:	
4c. Year manufactured:	
- If Other Equipment Failure:	
5. Describe:	
J. Describe.	
G7 - Incorrect Operation - only one sub-cause can be selected from the sha	aded left-hand column
Incorrect Operation Sub-Cause:	
- If Other Incorrect Operation:	
1. Describe:	

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Complete the following if any Incorrect Operation sub-cause is selected.		
Was this Incident related to: (select all that apply)		
- Inadequate procedure		
- No procedure established		
- Failure to follow procedure		
- Other		
- If Other, Describe:		
3. What category type was the activity that caused the Incident:		
Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program?		
4a. If Yes, were the individuals performing the task(s) qualified for the task(s)?		
G8 - Other Incident Cause - only one sub-cause can be selected from the	shaded left-hand column	
Other Incident Cause – Sub-Cause:		
- If Miscellaneous:		
1. Describe:		
- If Unknown:		
2. Specify:		
PART H - NARRATIVE DESCRIPTION OF THE INCIDENT		
A follow report was submitted on March 6, 2018 at 11:44. Follow report	rt number 1206022	
A follow report was submitted of March 6, 2016 at 11.44. Follow repor	it fluffiber 1200023.	
PART I - PREPARER AND AUTHORIZED SIGNATURE		
Preparer's Name	Josh Sanders	
Preparer's Title	Manager of Standards and Compliance	
Preparer's Telephone Number	701-222-7773	
Preparer's E-mail Address	josh.sanders@mdu.com	
Preparer's Facsimile Number		
Authorize Signature's Name	Josh Sanders	
Authorized Signature's Title	Manager of Standards and Compliance	
Authorized Signature's Email Address	josh.sanders@mdu.com	

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