

 <p>U.S. Department of Transportation  Pipeline and Hazardous Materials  Safety Administration</p>	<p><b>ANNUAL REPORT FOR CALENDAR YEAR 20__</b></p> <p><b>GAS DISTRIBUTION SYSTEM</b></p>	<b>DOT USE ONLY</b>	
		Initial Date Submitted	
		Report Submission Type	
		Date Submitted	

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**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>.

<b>PART A - OPERATOR INFORMATION</b>	<b>DOT USE ONLY</b>
<p><b>1. NAME OF OPERATOR</b></p> <p>_____</p> <p><b>2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED</b></p> <p>_____</p> <p style="text-align: center;">Number and Street</p> <p>_____</p> <p style="text-align: center;">City and County</p> <p>_____</p> <p style="text-align: center;">State and Zip Code</p> <p><b>5. STATE IN WHICH SYSTEM OPERATES:</b> / ___ / ___ / (provide a separate report for each state in which system operates)</p> <p><b>6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP</b> (Select Commodity Group based on the predominant gas carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPID.)</p> <p><input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Synthetic Gas</p> <p><input type="checkbox"/> Hydrogen Gas</p> <p><input type="checkbox"/> Propane Gas</p> <p><input type="checkbox"/> Landfill Gas</p> <p><input type="checkbox"/> Other Gas → Name of Other Gas:</p> <p><b>7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERATOR</b> (Select Type of Operator based on the structure of the company included in this OPID for which this report is being submitted.):</p> <p><input type="checkbox"/> Investor Owned</p> <p><input type="checkbox"/> Municipally Owned</p> <p><input type="checkbox"/> Privately Owned</p> <p><input type="checkbox"/> Cooperative</p> <p><input type="checkbox"/> Other Ownership specify:</p>	<p><b>3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER</b></p> <p style="text-align: center;">_ / _ / _ / _ / _</p> <p><b>4. HEADQUARTERS NAME &amp; ADDRESS, IF DIFFERENT</b></p> <p>_____</p> <p style="text-align: center;">Number and Street</p> <p>_____</p> <p style="text-align: center;">City and County</p> <p>_____</p> <p style="text-align: center;">State and Zip Code</p>

PART B - SYSTEM DESCRIPTION					Report miles of main and number of services in system at end of year.						
1. GENERAL											
	STEEL				PLASTIC	CAST/ WROUGHT IRON	DUCTILE IRON	COPPER	OTHER	Reconditioned Cast Iron	SYSTEM TOTAL
	UNPROTECTED		CATHODICALLY PROTECTED								
	BARE	COATED	BARE	COATED							
MILES OF MAIN					Calc	Calc	Calc	Calc	Calc	Calc	Calc
NO. OF SERVICES					Calc	Calc	Calc	Calc	Calc	Calc	Calc

2. MILES OF MAINS IN SYSTEM AT END OF YEAR							
MATERIAL	UNKNOWN	2" OR LESS	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8" THRU 12"	OVER 12"	SYSTEM TOTALS
STEEL							Calc
DUCTILE IRON							Calc
COPPER							Calc
CAST/WROUGHT IRON							Calc
PLASTIC 1. PVC							Calc
2. PE							Calc
3. ABS							Calc
4. OTHER PLASTIC							Calc
OTHER							Calc
Reconditioned Cast Iron							Calc
SYSTEM TOTALS	Calc	Calc	Calc	Calc	Calc	Calc	Calc

Describe Other Material: \_\_\_\_\_

3. NUMBER OF SERVICES IN SYSTEM AT END OF YEAR					AVERAGE SERVICE LENGTH _____ FEET		
MATERIAL	UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	TOTAL
STEEL							Calc
DUCTILE IRON							Calc
COPPER							Calc
CAST/WROUGHT IRON							Calc
PLASTIC 1. PVC							Calc
2. PE							Calc
3. ABS							Calc
4. OTHER PLASTIC							Calc
OTHER							Calc
Reconditioned Cast Iron							Calc
SYSTEM TOTALS	Calc	Calc	Calc	Calc	Calc	Calc	Calc

Describe Other Material: \_\_\_\_\_

4. MILES OF MAIN AND NUMBER OF SERVICES BY DECADE OF INSTALLATION											
	UN-KNOWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2009	2010-2019	TOTAL
MILES OF MAIN											<i>Calc</i>
NUMBER OF SERVICES											<i>Calc</i>

PART C - TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING YEAR				
CAUSE OF LEAK	Mains		Services	
	Total	Hazardous	Total	Hazardous
	CORROSION FAILURE			
NATURAL FORCE DAMAGE				
EXCAVATION DAMAGE				
OTHER OUTSIDE FORCE DAMAGE				
PIPE, WELD, OR JOINT FAILURE				
EQUIPMENT FAILURE				
INCORRECT OPERATION				
OTHER CAUSE				
NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR _____				

PART D – EXCAVATION DAMAGE	PART E – EXCESS FLOW VALVE (EFV) AND SERVICE VALVE DATA
1. Total Number of Excavation Damages by Apparent Root Cause <i>Calc</i> _____ a. One-Call Notification Practices Not Sufficient: _____ b. Locating Practices Not Sufficient: _____ c. Excavation Practices Not Sufficient: _____ d. Other: _____  2. Number of Excavation Tickets _____	Total Number Of Services with EFV Installed During Year _____  Estimated Number of Services with EFV In the System At End Of Year _____  Total Number of Manual Service Line Shut-off Valves Installed During Year _____  Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year _____

PART F - TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED FOR REPAIR	PART G - PERCENT OF UNACCOUNTED FOR GAS
<p>_____</p>	<p>Unaccounted for gas as a percent of total input for the 12 months ending June 30 of the reporting year.</p> <p>[(Purchased gas + produced gas) minus (customer use + company use + appropriate adjustments)] divided by (purchased gas + produced gas) equals percent unaccounted for.</p> <p>Input for year ending 6/30 _____ %.</p>

PART H - ADDITIONAL INFORMATION	

PART I - PREPARER	
<p>Preparer's Name and Title</p> <p>_____</p>	<p>Area Code and Telephone Number</p> <p>_____</p>
<p>Preparer's email address</p> <p>_____</p>	<p>Area Code and Facsimile Number</p> <p>_____</p>
<p>Name and Title of Person Signing</p> <p>_____</p>	<p>Area Code and Telephone Number</p> <p>_____</p>