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| U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration | | ANNUAL REPORT FOR CALENDAR YEAR 20__ SMALL LIQUEFIED PETROLEUM GAS SYSTEMS | | DOT USE ONLY | | | |
| | | | | Initial Date Submitted | | | |
| | | | | Report Submission Type | | | |
| | | | | Date Submitted | | | |
| <p>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. Public reporting for this collection of information is estimated to be approximately 6 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.</p> <p><i>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.</i></p> | | | | | | | |
| PART A - OPERATOR INFORMATION | | | | DOT USE ONLY | | | |
| 1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) _____ / ____ / ____ / ____ / ____ / ____ | | | | 2. NAME OF OPERATOR: _____ | | | |
| 3. RESERVED | | | | 4. HEADQUARTERS ADDRESS: _____ Street Address State: ____ / ____ / ____ Zip Code: ____ / ____ / ____ - ____ / ____ / ____ / ____ | | | |
| 5. STATE IN WHICH SMALL LIQUEFIED PETROLEUM GAS (LPG) SYSTEM OPERATES: / _____ / (provide a separate report for each state in which system operates) | | | | | | | |

| PART B – NUMBER AND MILEAGE OF SYSTEMS and NUMBER AND STATUS OF LEAKS | | | | | |
|-----------------------------------------------------------------------|------|-------|-------|-------|-------------|
| CUSTOMERS | 1-25 | 26-49 | 50-74 | 75-99 | TOTAL |
| Number of LPG Systems | | | | | <i>Calc</i> |
| Mileage of LPG Systems | | | | | <i>Calc</i> |
| Number of Leaks Identified | | | | | <i>Calc</i> |
| Number of Leaks Repaired | | | | | <i>Calc</i> |
| Number of Unrepaired Leaks | | | | | <i>Calc</i> |

| PART C - PREPARER SIGNATURE | |
|--------------------------------|-------------------------------|
| _____ | / / / / - / / / / / / / / / / |
| Preparer's Name(type or print) | Telephone Number |
| _____ | |
| Preparer's Title | |
| _____ | |
| Preparer's E-mail Address | |