U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration 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 information is estimated to be approximately 8 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information callection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, includi 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. 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.ohmsa.doi.ou/publiche/bib/arvy/forms. PART A - OPERATOR INFORMATION A. HEADQUARTERS ADDRESS: Street Address Street Address				DOT USE (ONLY		
Pipeline and Hazardous Malerials Salety Administration 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 information displays a current valid OMB Control Number. The OMB Control Number for this information acticution is 2137-5922. 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. Including 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 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. 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.od.gov/pipeline/library/forms. 1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) 2. NAME OF OPERATOR: 3. RESERVED 4. HEADQUARTERS ADDRESS: Street Address State:	U.S. Department of Transportation	ANNUAL REPORT FO	R CALENDAR YEAR 20				
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 in information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-6522, Public reporting for this collection of information are setting 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 Pipoline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590. 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.dol.gov/pipeline/library/forms. PART A - OPERATOR INFORMATION DOT USE ONLY 4. HEADQUARTERS ADDRESS: Street Address State: Zip Code: Street Address State: Zip Code: Street Address State:	Pineline and Hazardous Materials	SMALL LIQUEFIED PE	TROI FIIM GAS SYSTEMS				
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 2157-0822, Public reporting for this collection of information information in 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 information information regarding this burden estimated or any other aspect of this collection of information, including suggestions for reducing this burden to: Information regarding this burden estimated or any other aspect of this collection of information, including suggestions for reducing this burden to: Information requested and provide parent Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide 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.dof.sov/pipeline/libraryforms. PART A - OPERATOR INFORMATION DOT USE ONLY 4. HEADQUARTERS ADDRESS: Street Address State:	SWALL LIQUEFIED F		TROLLOM OAG GTGTLING	-			
failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2131-0522. 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. 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. PART A - OPERATOR INFORMATION DOT USE ONLY 4. HEADQUARTERS ADDRESS: Street Address	Safety Administration		Date Submitted				
PART A - OPERATOR INFORMATION 1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) 2. NAME OF OPERATOR: 4. HEADQUARTERS ADDRESS: Street Address State: / _ / _ Zip Code: / _ / _ / _ / _ / _ / _ / _ / _ / _ / _ / _ / _ / _ / / / / / / _	failure to comply with a collection of i information displays a current valid O reporting for this collection of informatinstructions, gathering the data needs information are mandatory. Send con suggestions for reducing this burden Jersey Avenue, SE, Washington, D.C.	information subject to the requested MB Control Number. The OMI ation is estimated to be approped, and completing and review numents regarding this burden to: Information Collection Cles 20590.	irements of the Paperwork Reduct B Control Number for this informatic imately 6 hours per response, incling the collection of information. A estimate or any other aspect of this arance Officer, PHMSA, Office of Pimperson	ion Act unless that collicion collection is 2137-0; uding the time for revie All responses to this colls collection of informati ipeline Safety (PHP-30)	ection of 522. Public wing llection of ion, including 1200 New		
1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) 2. NAME OF OPERATOR: 4. HEADQUARTERS ADDRESS: Street Address State: /_/_Zip Code: /_/_/	http://www.phmsa.dot.gov/pipeline/library),	1 1		
3. RESERVED 4. HEADQUARTERS ADDRESS: Street Address State: /_ /_ Zip Code: /_ /_ / /_ /_ /_ /_ /_ /_ /_ /_ /_ /_ /_ /_ /_	PART A - OPERATOR INFORMATION		DOT USE ONLY				
Street Address State: /_ / Zip Code: / / / / _ / _ / _ /	1. OPERATOR'S 5 DIGIT IDENTIFICAT	TION NUMBER (OPID)	2. NAME OF OPERATOR:				
State: /_ /_Zip Code: /_ / _/	3. RESERVED		4. HEADQUARTERS ADDRESS:				
5. STATE IN WHICH SMALL LIQUEFIED PETROLEUM GAS (LPG) SYSTEM OPERATES:/ // (provide a separate report for each			Street Address				
			State: / / / Zip Code: / /	<u> </u>	<u> </u>		
Succession Specification	5. STATE IN WHICH SMALL LIQUEFIE state in which system operates)	D PETROLEUM GAS (LPG) SY	STEM OPERATES:/ //(;	provide a separate report	for each		

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					Calc
Mileage of LPG Systems					Calc
Number of Leaks Identified					Calc
Number of Leaks Repaired					Calc
Number of Unrepaired Leaks					Calc

PART C - PREPARER SIGNATURE	
Preparer's Name(type or print)	Telephone Number
Preparer's Title	
Preparer's E-mail Address	480