NOTICE: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty not to exceed $100,000 for each violation for each day the violation continues up to a maximum of $1,000,000 as provided in 49 USC 60122.

OMB No. 2137-0522
Expiration Date XX/XX/XXXX

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

ANNUAL REPORT FOR CALENDAR YEAR 20___
GAS DISTRIBUTION SYSTEM

INITIAL REPORT ☐
SUPPLEMENTAL REPORT ☐

PART A - OPERATOR INFORMATION

DOT USE ONLY

1. NAME OF OPERATOR

3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER
/ / / / / /

2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED

Number and Street

City and County

State and Zip Code

4. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT

Number and Street

City and County

State and Zip Code

5. STATE IN WHICH SYSTEM OPERATES:/ / / (provide a separate report for each state in which system operates)

6. COMMODITY TRANSPORTED **NATURAL GAS** ☐ **PROPANE GAS** ☐ **OTHER** ☐

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	SYSTEM TOTAL
	UNPROTECTED		CATHODICALLY PROTECTED							
	BARE	COATED	BARE	COATED						
MILES OF MAIN										
NO. OF SERVICES										

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							
DUCTILE IRON							
COPPER							
CAST/WROUGHT IRON							
PLASTIC 1. PVC							
2. PE							
3. ABS							
4. OTHER PLASTIC							
OTHER							
SYSTEM TOTALS							

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							
DUCTILE IRON							
COPPER							
CAST/WROUGHT IRON							
PLASTIC 1. PVC							
2. PE							
3. ABS							
4. OTHER PLASTIC							
OTHER							
SYSTEM TOTALS							

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											
NUMBER OF SERVICES											

PART C - TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING YEAR

CAUSE OF LEAK	Mains		Services	
	Total	Hazardous	Total	Hazardous
CORROSION				
NATURAL FORCES				
EXCAVATION DAMAGE				
OTHER OUTSIDE FORCE DAMAGE				
MATERIAL OR WELDS				
EQUIPMENT				
INCORRECT OPERATIONS				
OTHER				

NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR _____

PART D – EXCAVATION DAMAGE

Number of Excavation Damages _____

Number of Excavation Tickets _____

PART E – EXCESS FLOW VALVE (EFV) DATA

Number of EFVs In System at End of Year on Single-family Residential Services _____

PART F – MECHANICAL FITTING FAILURE DATA – (If the data about the "Manufacturer", "Part or Model Number", or" Lot Number" cannot be located with reasonable effort or if the data is unknown, enter "Unavailable"; do not leave data fields blank.)
Complete Part F for calendar years 2011 and later.

- Specify the Mechanical Fitting Involved: ○Stab ○Nut Follower ○Bolted ○Other _____
- Specify the Type of Mechanical Fitting: ○Service or Main Tee ○Tapping Tee ○Transition Fitting ○Coupling ○Riser ○Adapter ○Valve ○Sleeve ○End Cap ○Other _____
- Location in System: ○Aboveground or ○Belowground; ○ Inside or ○Outside; ○Main-to-Main or ○Main-to-Service or ○ Service-to-Service or ○Meter Set
- Year Installed: _____ Year Manufactured: _____ If Year Unknown, Provided Decade Installed: _____
- Manufacturer: _____ Part or Model Number:_____
- Lot Number:_____ Other Attributes:_____
- Fitting Material: ☐Steel ☐Plastic ☐Combination Plastic and Steel ☐Brass ☐Unknown ☐Other_____

Specify the Two Materials Being Joined:

First Pipe
- Nominal Size: ☐¼" ☐1/2" ☐¾" ☐ 1" ☐1-1/4" ☐1-1/2" ☐1-3/4" ☐2" ☐3" ☐4" ☐6" ☐8" or larger
  Unit: ☐ IPS or ☐ CTS or ☐ NPS
- First Material Being Joined: ☐Steel ☐Cast/Wrought Iron ☐Ductile Iron ☐Copper ☐Plastic ☐Unknown ☐Other_____
  - If Plastic ⇨ Specify: ○Polyethylene (PE) ○Polyvinyl Chloride (PVC) ○Cross-linked Polyethylene (PEX) ○Polybutylene (PB) ○Polypropylene (PP) ○Acrylonitrile Butadiene Styrene (ABS) ○Polyamide (PA) ○Cellulose Acetate Butyrate (CAB) ○Other ⇨ Specify: _____

Second Pipe
- Nominal Size: ☐¼"☐1/2" ☐¾" ☐ 1" ☐1-1/4" ☐1-1/2" ☐1-3/4" ☐2" ☐3" ☐4" ☐6" ☐8" or larger
  Unit: ☐ IPS or ☐ CTS or NPS
- Second material Being Joined: ☐Steel ☐Cast/Wrought Iron ☐Ductile Iron ☐Copper ☐Plastic ☐Unknown ☐Other_____
  - If Plastic ⇨ Specify: ○Polyethylene (PE) ○Polyvinyl Chloride (PVC) ○Cross-linked Polyethylene (PEX) ○Polybutylene (PB) ○Polypropylene (PP) ○Acrylonitrile Butadiene Styrene (ABS) ○Polyamide (PA) ○Cellulose Acetate Butyrate (CAB) ○Other ⇨ Specify: _____

- Apparent Cause of Leak: ☐ Corrosion ☐Natural Forces ☐Excavation Damage ☐Other Outside Force Damage ☐Material or Weld ☐Equipment ☐Incorrect Operation ☐Other
- Was the Failure a Result of: ☐Construction/Installation Defect ☐Material Defect ☐Design Defect ☐Previous Damage ☐Thermal expansion/contraction
- Location of Leak: ☐ Leak Through Seal ☐Leak Through Body ☐ Pull Out
- Date of Failure:_____

PART G - TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED FOR REPAIR	PART H - PERCENT OF UNACCOUNTED FOR GAS
_____	Unaccounted for gas as a percent of total input for the12 months ending June 30 of the reporting year. [(Purchased gas + produced gas) minus (customer use + company use + appropriate adjustments)] divided by (purchased gas + produced gas) equals percent unaccounted for. Input for year ending 6/30_____ %.

PART I - ADDITIONAL INFORMATION

PART J - PREPARER AND AUTHORIZED SIGNATURE

_____ _____

(Type or print) Preparer's Name and Title — Area Code and Telephone Number

_____ _____

Preparer's email address — Area Code and Facsimile Number

_____ _____

Name and Title of Person Signing — Area Code and Telephone Number

_____

Authorized Signature

INSTRUCTIONS FOR COMPLETING FORM PHMSA F 7100.1-1 (Rev. XX/10)
ANNUAL REPORT FOR CALENDAR YEAR 2010
GAS DISTRIBUTION SYSTEM

Note: The Gas Distribution System Annual Report has been revised for calendar year 2010. Please read the form and instructions carefully before beginning to complete the report.

Part F "Mechanical Fitting Failure Data" is not to be completed for calendar year 2010. Operators are required to begin collecting mechanical fitting failure as of January 1, 2011. Complete Part F for calendar year 2011 and later.

All section references are to Title 49 of the Code of Federal Regulations. Reporting requirements are contained in Part 191, "Transportation of Natural and Other Gas by Pipeline; Annual Reports, Incident Reports and Safety Related Condition Reports." Except as provided in §191.11(b), each operator of a gas distribution pipeline (see definitions below) must submit an annual report Form PHMSA F 7100.1-1 for the preceding calendar year not later than **March 15th**. Be sure to report TOTAL miles of main pipeline and services in the system at the end of the reporting year, including additions to the system during the year. The annual reporting period is on a calendar year basis ending on December 31st of each year.

Reports for intrastate pipelines subject to the jurisdiction of a State agency pursuant to certification under 49 U.S.C. § 60105 may be submitted in duplicate to the State agency if the regulations of that agency require the submission of these reports and provide for further transmittal of one copy not later than **March 15th** to the Information Resources Manager, Office of Pipeline Safety, Pipeline and Hazardous Materials Safety Administration, Department of Transportation, 1200 New Jersey Ave., SE East Building, 2nd Floor (PHP-10), Room Number E22-321, Washington, DC 20590.

Use one of the following methods to submit your report. **We prefer online reporting over hardcopy submissions**. If you prefer, then you can mail or fax your completed reports to DOT/PHMSA.

Submission Methods:

1. Online:

a. Navigate to the OPS Home Page http://www.phmsa.dot.gov/pipeline, click the **ONLINE DATA ENTRY** link listed in the fourth column of hyperlinks on the Pipeline Safety Community main page
b. Click on the Annual Gas Distribution Systems Report name
c. Enter Operator ID and PIN (*the name that appears is the operator name assigned to the operator ID and PIN and is automatically populated by our database and cannot be changed by the operator at the time of filing*).
d. Click **add** to begin
e. Click **submit** when finished. NOTE: For supplemental reports use steps 1a and 1b then click on the report ID to make corrections. Click **save** when finished.
f. A confirmation page will appear for you to print and save for your records

If you submit your report online, PLEASE DO NOT MAIL OR FAX the completed report to DOT as this may cause data entry errors.

INSTRUCTIONS FOR COMPLETING FORM PHMSA F 7100.1-1 (Rev. XX/10)
ANNUAL REPORT FOR CALENDAR YEAR 2010
GAS DISTRIBUTION SYSTEM

2. Mail to:

DOT/PHMSA Office of Pipeline Safety
Information Resources Manager,
1200 New Jersey Ave., SE
East Building, 2nd Floor, (PHP-10)
Room Number E22-321
Washington, DC 20590

3. Fax to: Information Resources Manager at (202) 366-4566.

If you need copies of the Form PHMSA F 7100.1-1 and/or instructions they can be found on the Pipeline Safety Community main page, http://www.phmsa.dot.gov/pipeline, by clicking the Library hyperlink and then the Forms hyperlink under the "Mini-Menu". If you have questions about this report or these instructions, please call (202) 366-8075. Please type or print all entries when submitting forms by mail or fax.

GENERAL INSTRUCTIONS

The following definitions are from § 192.3:

1. "Distribution line" means a pipeline other than a gathering or transmission line.

2. "Gathering line" means a pipeline that transports gas from a current production facility to a transmission line or main.

3. "Transmission line" means a pipeline, other than a gathering line, that:
   a. Transports gas from a gathering line or storage facility to a distribution center, storage facility, or large volume customer that is not downstream from a distribution center;
   b. Operates at a hoop stress of 20 percent or more of SMYS; or
   c. Transports gas within a storage field. A large volume customer may receive similar volumes of gas as a distribution center, and includes factories, power plants, and institutional users of gas.

4. "Operator" means a person who engages in the transportation of gas.

Make an entry in each block for which data are available. Estimate data if necessary. Avoid entering any data in the **UNKNOWN** columns, if possible. Some companies may have very old pipe for which installation records do not exist. Estimate the total of such mileage in the **UNKNOWN** column of Part B, item 2 "Miles of Main in System at End of Year" and item 3 "Number of Services in System at End of Year", and item 4 "Miles of Main and Number of Services by Decade of Installation."

Please round all mileage to the nearest 3 decimal positions. **DO NOT USE FRACTIONS.** Examples of rounding are as follows: 3/8 should round to 0.375; 3/4 should round to 0.75 and ½ should round to 0.5.

INSTRUCTIONS FOR COMPLETING FORM PHMSA F 7100.1-1 (Rev. XX/10)
ANNUAL REPORT FOR CALENDAR YEAR 2010
GAS DISTRIBUTION SYSTEM

The total miles of main and services reported in Part B sections 1 through 4 **MUST** all sum to the same totals in the appropriate rows. Please do not to report miles of main in feet. If necessary, please convert feet into a decimal notation (e.g. 1,320 feet = .25 miles).

SPECIFIC INSTRUCTIONS

Enter the Calendar Year for which the report is being filed. Check **Initial Report** if this is the original filing for the calendar year. Check **Supplemental Report** if this is a follow-up to a previously filed report to amend or correct information. On Supplemental Reports, please complete Part A and J; only amend, revise, or add information for Parts B, C, D, E, F, G, H, and I as needed.

PART A – OPERATOR INFORMATION

The operator's five digit identification number appears on the PHMSA mailing label (without leading zeroes when less than 10000). The Pipeline and Hazardous Materials Safety Administration assigns the operator's five-digit identification number. Contact PHMSA at (202) 366-8075 if you need assistance with determining your operator's five-digit identification number.

Provide the address where PHMSA can mail information and the phone number where PHMSA can contact you regarding this report in item 2 and the Headquarters address in item 3.

Enter the **State for which information is being reported**. **Submit a separate report for each State** in which the company operates a gas distribution pipeline system.

Check the appropriate box for the commodity transported: natural gas, LPG, or other (e.g., synthetic gas).

PART B – SYSTEM DESCRIPTION

"Coated" means pipe coated with any effective hot or cold applied dielectric coating or wrapper.

"PVC" means polyvinyl chloride plastic.

"PE" means polyethylene plastic.

"ABS" means acrylonitrile-butadiene-styrene plastic.

"Cathodically protected" applies to both "bare" and "coated."

"Other" means a pipe of any material not specifically designated on the form. If you check "other pipe," describe it in Part I.

"Number of service" is the number of service lines, not the number of customers served.

Provide miles of main and numbers of services by decade installed in Part B, section 4.

If you do not know the decade of installation of the pipe because there are no records containing such information, enter an estimate in the UNKNOWN column. The sum total of mileage and numbers of services reported for Part B, section 4 should match total mileage and numbers of services reported in sections 1, 2, and 3 in Part B.

PART C – TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING YEAR

In the appropriate column, include the total number of leaks and the number of hazardous leaks eliminated by repair, replacement or other action during the reporting year. The number of "hazardous leaks" eliminated or repaired during the year is reported as a performance measure for integrity management per 192.1007(g). When reporting leaks or hazardous leaks eliminated by replacing or abandoning a segment of pipe, count the leaks that existed in the pipe segment before it was replaced or abandoned. Also include leaks and hazardous leaks reported on form PHMSA 7100.1, "Incident Report Gas Distribution Systems." A reportable incident is one described in §191.3. Do not include leaks that occurred during testing.

A "leak" is defined as an unintentional escape of gas from the pipeline. A non-hazardous release that can be eliminated by lubrication, adjustment, or tightening, is not a leak.

A "hazardous leak" means a leak that represents an existing or probable hazard to persons or property and requires immediate repair or continuous action until the conditions are no longer hazardous. A "hazardous leak" which occurs aboveground or belowground is a leak and must be reported.

Operators who do not grade leaks for hazard, but rather repair all leaks when found, need not grade repaired leaks solely for the purpose of this report. Such operators treat all leaks as if hazardous. Operators who do not grade leaks should report the same values for both total and hazardous leaks for each cause.

The "number of known system leaks at the end of the year scheduled for repair" is the total number pipeline system leaks being monitored and scheduled for repair at the end of the calendar year. Monitored leaks also include those leaks which have been temporarily repaired until a permanent repair can be performed. These leaks are non-hazardous unless reclassified following the operator's operation and maintenance procedures.

Leak causes are classified as:

CORROSION: leak resulting from a hole in the pipe or other component that was caused by galvanic, bacterial, chemical, stray current, or other corrosive action.

NATURAL FORCES: leak resulting from earth movements, earthquakes, landslides, subsidence, lightning, heavy rains/floods, washouts, flotation, mudslide, scouring, temperature, frost heave, frozen components, high winds, or similar natural causes.

EXCAVATION DAMAGE: leak resulting from damage caused by earth moving or other equipment, tools, or vehicles. Include leaks from damage by operator's personnel or contractor or people not associated with the operator.

OTHER OUTSIDE FORCE DAMAGE: Include leaks caused by fire or explosion and deliberate or willful acts, such as vandalism.

MATERIAL OR WELDS: leak resulting from failure of original sound material from force applied during construction that caused a dent, gouge, excessive stress, or other defect that eventually resulted in a leak. This includes leaks due to faulty wrinkle bends, faulty field welds, and damage sustained in transportation to the construction or fabrication site. Also include leak resulting from a defect in the pipe material, component, or the longitudinal weld or seam due to faulty manufacturing procedures. Leaks from material deterioration, other than corrosion, after exceeding the reasonable service life, are reported under Other.

EQUIPMENT: leak resulting from malfunction of control/relief equipment including valves, regulators, or other instrumentation; stripped threads or broken pipe couplings on nipples, valves, or mechanical couplings; or seal failures on gaskets, O-rings, seal/pump packing, or similar leaks.

INCORRECT OPERATIONS: leaks resulting from inadequate procedures or safety practices, or failure to follow correct procedures, or other operator error.

OTHER: leak resulting from any other cause, such as exceeding the service life, not attributable to the above causes.

PART D – EXCAVATION DAMAGE

Excavation damages are reported as a measure of the effectiveness of integrity management programs (192.1007(g)).

Report the “Number of Excavation Damages” experienced during the calendar year. For this purpose, “Excavation Damage” means any impact that results in the need to repair or replace an underground facility due to a weakening, or the partial or complete destruction, of the facility, including, but not limited to, the protective coating, lateral support, cathodic protection or the housing for the line device or facility.

Report also the “Number of Excavation Tickets” received during the year, (i.e., receipt of information by the operator from the notification center).

PART E – EXCESS FLOW VALVE (EFV) DATA

Report the number of EFVs in the system at the end of the year on single-family residential services. Operators may report either the total number of EFVs on service lines serving single-family residences or the total number of EFVs on service lines serving single-family residences including branched services.

INSTRUCTIONS FOR COMPLETING FORM PHMSA F 7100.1-1 (Rev. XX/10)
ANNUAL REPORT FOR CALENDAR YEAR 2010
GAS DISTRIBUTION SYSTEM

PART F – MECHANICAL FITTING FAILURE DATA

Part F is not required to be completed for calendar year 2010. Operators are required to begin collecting mechanical fitting failure as of January 1, 2011 for submission on the Calendar Year 2011 Annual Report.

Report data for each failure of a mechanical fitting that resulted in a hazardous leak during the calendar year. Report all types and all sizes of mechanical fitting failures which resulted in a hazardous leak regardless of the material composition of the fitting. The reporting requirements apply to failures in the bodies of mechanical fittings or failures in the joints between the fitting and the pipe. Operators are to report mechanical fitting failures that resulted from any cause.

Specify the Mechanical Fitting Involved–

- *Stab Type Mechanical Fitting* - Internally there are specially designed components including an elastomer seal, such as an "O" ring, and a gripping device to effect pressure sealing and pull-out resistance capabilities. Self-contained stiffeners are included in this type of fitting. With this style fitting the operator would have to prepare the pipe ends, mark the stab depth on the pipe, and "stab" the pipe in to the depth prescribed for the fitting being used. These fittings are available in sizes from 1/2 CTS through 2 IPS and are all of ASTM D2513(2) Category I design, indicating seal and full restraint against pull-out. Stab type fittings are used for joining plastic pipe only.

- *Nut Follower Type Mechanical Fitting* – The components are generally a body; a threaded compression nut or a follower; an elastomer seal ring; a stiffener or an integrated stiffener for plastic pipe; and, with some, a gripping ring. Normally the design concept of this type of fitting typically includes an elastomer seal in the assembly. The seal, when compressed by tightening of a threaded compression nut grips the outside of the pipe, affecting a pressure-tight seal and, in some designs, providing pull-out resistance. The inside of the pipe wall should be supported by the stiffener under the seal ring and under the gripping ring (if incorporated in the design), to prevent collapse of the pipe. A lack of this support could result in a loss of the seal affected by the seal ring or the gripping of the pipe for pull-out resistance. This fitting style is normally used in pipelines 2-inches in diameter and smaller. There are two categories of this type of joining device manufactured. One type is provides a seal only, and the other provides a seal plus pipe restraint against pull-out.

- *Bolted Type Mechanical Fitting* – The bolt type mechanical fitting has the same components as the nut follower except instead of a threaded compression nut or follower, there is a bolt arrangement.

- *Other* – Use "Other" only if the fitting does not fit one of the above categories.

Specify the Type of Mechanical Fitting: Select the type of fitting which failed. Select "Other" if the fitting is not listed. For this data collection consider elbows, "Ys", 3-way tees, and reducer tees as couplings. Consider the riser to be part of the service.

Location in System – Select the location of the failed mechanical fitting in the pipeline system on each line.

Year Installed – Provide the year the fitting was installed.

Year Manufactured – Provide the year the fitting was manufactured.

Decade Installed – Use this field only if both the year the fitting was installed and the year it was manufacturer are unknown but the decade that it was installed is known (e.g., 1960-1969, 1970-1979, etc.).

If the data about the "Manufacturer", "Part or Model Number", or" Lot Number" cannot be located with reasonable effort or if the data is unknown, enter "Unavailable"; do not leave data fields blank.

Manufacturer – This is the name of the company that produced the fitting. The manufacturer name would typically be on a sticker attached to a fitting or product or it may be stamped into the fitting. Operators should take care in identifying the manufacturer. Some types of fittings are commonly referred to as "Dresser fittings" (for example) even though the particular fitting may have been manufactured by a different company. Operators should report here the company that actually manufactured the involved fitting when known.

Part or Model Number – Enter the part/model number used by the manufacturer to designate the failed fitting.

Lot Number – Enter the manufacturing lot.

Other Attributes – Enter other distinguishing features which may assist in identifying the fitting

Fitting Material – Enter the material that forms the body of the fitting.

For each pipe connected to the fitting, enter the nominal size and material.

Apparent Cause of Leak– Enter the apparent cause of leak using the definitions in Part C.

Was the Failure a Result of:

> *Construction or Installation Defect* means a component was installed incorrectly. It could be due to poor workmanship, the procedure was not followed, or there were poor construction/installation procedures.
>
> *Material Defect* means an inherent flaw in the material or weld that occurred in the manufacture or at a point prior to construction, fabrication or installation.

Design Defect means an aspect inherent in a component to which a subsequent failure has been attributed that is not associated with errors in installation, i.e., is not a construction defect. This could include, for example, errors in engineering design or an application error.

Previous Damage means the fitting which failed had been previously damage.

Thermal Expansion/contraction means the fitting failed due to a change in volume in response to a change in temperature.

Location of Leak – Enter the location where gas was escaping.

PART G – TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED/ELIMINATED OR SCHEDULED FOR REPAIR

Federal Lands: As defined in 30 U.S.C. §185, federal lands means "all lands owned by the United States except lands in the National Park System, lands held in trust for an Indian or Indian tribe, and lands on the Outer Continental Shelf." Indicate only those leaks repaired, eliminated, or scheduled for repair during the reporting year, including those incidents reported on Form PHMSA F 7100.1.

PART H – PERCENT OF UNACCOUNTED FOR GAS

"Unaccounted for gas" is gas lost; that is, gas that the operator cannot account for as usage or through appropriate adjustment. Adjustments are appropriately made for such factors as variations in temperature, pressure, meter-reading cycles, or heat content; calculable losses from construction, purging, line breaks, etc., where specific data are available to allow reasonable calculation or estimate; or other similar factors.

State the amount of unaccounted for gas as a percent of total input for the 12 months ending June 30 of the reporting year.

[(Purchased gas + produced gas) minus (customer use + company use + appropriate adjustments)] divided by (purchased gas + produced gas) equals percent unaccounted for.

Do not report "gained" gas. If a net gain of gas is indicated by the calculations, report "0%" here. (Decimal or fractional percentages may be entered.)

PART I – ADDITIONAL INFORMATION

Include any additional information which will assist in clarifying or classifying the reported data.

PART J - PREPARER AND AUTHORIZED SIGNATURE

PREPARER is the name of the person most knowledgeable about the report or the person to be contacted for more information. Please include the direct phone number and email address.

AUTHORIZED SIGNATURE may be the preparer, an officer, or other person whom the operator has designated to review and sign reports. Please include the direct phone number and email address. If submitting via the Online Data Entry System your Operator ID and PIN take the place of the Authorized Signature.