



ANNUAL REPORT FOR CALENDAR YEAR 20____

GAS DISTRIBUTION SYSTEM

INITIAL REPORT

SUPPLEMENTAL REPORT

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

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PART A - OPERATOR INFORMATION	DOT USE ONLY
<p>1. NAME OF OPERATOR</p> <p>_____</p> <p>2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED</p> <p>Number and Street _____</p> <p>City and County _____</p> <p>State and Zip Code _____</p> <p>5. STATE IN WHICH SYSTEM OPERATES: / ___ / ___ / (provide a separate report for each state in which system operates)</p>	<p>3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER</p> <p style="text-align: center;">_ / _ / _ / _ / _</p> <p>4. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT</p> <p>Number and Street _____</p> <p>City and County _____</p> <p>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	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
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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

Total Number Of EFVs on Single-family Residential Services Installed During Year _____

Estimated Number of EFVs In 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
<p> </p>

PART I - PREPARER AND AUTHORIZED SIGNATURE	
<p>_____ (Type or print) Preparer's Name and Title</p>	<p>_____ Area Code and Telephone Number</p>
<p>_____ Preparer's email address</p>	<p>_____ Area Code and Facsimile Number</p>
<p>_____ Name and Title of Person Signing</p>	<p>_____ Area Code and Telephone Number</p>
<p>_____ Authorized Signature</p>	<p> </p>