

 U.S. Department of Transportation  Pipeline and Hazardous Materials  Safety Administration	<b>ANNUAL REPORT FOR CALENDAR YEAR 20__</b>  <b>TYPE R (Reporting-Regulated) GAS GATHERING PIPELINE SYSTEMS</b>	<b>DOT USE ONLY</b>								
		<b>Initial Date Submitted</b>								
		<b>Report Submission Type</b>								
		<b>Date Submitted</b>								
<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 21 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><b>Important:</b> 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 <a href="http://www.phmsa.dot.gov/pipeline/library/forms">http://www.phmsa.dot.gov/pipeline/library/forms</a>.</p>										
<b>PART A - OPERATOR INFORMATION</b>					DOT USE ONLY					
1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) / / / / /					2. NAME OF OPERATOR: _____					
3. HEADQUARTERS ADDRESS:  _____ Street Address State: / / / Zip Code: / / / / - / / / /										
4. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY: <i>(Select Commodity based on the predominant gas carried and complete the report for that Commodity. File a separate report for each Commodity included in this OPID.)</i>  <input type="checkbox"/> Natural Gas <input type="checkbox"/> Landfill Gas <input type="checkbox"/> Other Gas → Name of Other Gas _____										
5. FOR THE DESIGNATED "COMMODITY GROUP", THE PIPELINES AND/OR PIPELINE FACILITIES INCLUDED WITHIN THIS OPID ARE: <i>(Select one or both)</i>  <input type="checkbox"/> INTERstate pipeline → List all of the States in which INTERstate pipelines and/or pipeline facilities included under this OPID exist: __, __, __, __, __, etc.  <input type="checkbox"/> INTRAsate pipeline → List all of the States in which INTRAsate pipelines and/or pipeline facilities included under this OPID exist: __, __, __, __, __, etc.										

**Use this form for Type R (reporting-regulated) gas gathering ONLY. Type A, B, and C gas gathering is reported on Form PHMSA F 7100.2-1.**

**For the designated Commodity, PARTs B through D will be calculated based on the data entered in Parts E through G for each State and INTERstate/INTRAsate combination.**

PART B - MILES BY NOMINAL PIPE SIZE (NPS)									
NPS 4 or less	6	8	10	12	14	16	18	20	
calc	calc	calc	calc	calc	calc	calc	calc	calc	
22	24	26	28	30	32	34	36	38	
calc	calc	calc	calc	calc	calc	calc	calc	calc	
40	42	44	46	48	52	56	58 and over	Other Pipe Sizes Not Listed	Total Miles
calc	calc	calc	calc	calc	calc	calc	calc	calc	calc

PART C - MILES BY DECADE INSTALLED						
Unknown	Pre-1940	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989
calc	calc	calc	calc	calc	calc	calc
1990 - 1999	2000 - 2009	2010 - 2019	2020 - 2029	Total Miles		
calc	calc	calc	calc	calc		

PART D - MILES BY MATERIAL AND CORROSION PREVENTION STATUS								
Steel cathodically protected		Steel cathodically unprotected		Composite				
Bare	Coated	Bare	Coated	Metallic Reinforced	Non-Mettalic Reinforced	Plastic	Other	Total Miles
calc	calc	calc	calc	calc	calc	calc	calc	calc

**Use this form for Type R (reporting-regulated) gas gathering ONLY. Type A, B, and C gas gathering is reported on Form PHMSA F 7100.2-1.**

**For the designated Commodity, complete PARTs E through H covering INTERstate pipeline facilities for each State in which INTERstate systems exist within this OPID and again covering INTRAsate pipeline facilities for each State in which INTRAsate systems exist within this OPID.**

## PARTs E through H

The data reported in these PARTs applies to: *(select only one)*

- ☐ Interstate pipelines/pipeline facilities in the State of   /  /   *(complete for each State)*
- ☐ Intrastate Pipelines/pipeline facilities in the State of   /  /   *(complete for each State)*

### PART E - MILES BY NOMINAL PIPE SIZE (NPS)

NPS 4 or less	6	8	10	12	14	16	18	20
22	24	26	28	30	32	34	36	38
40	42	44	46	48	52	56	58 and over	
Other Pipe Sizes Not Listed			Total Miles					
Size: <u>  </u> Miles: <u>  </u> Add Sizes as needed			calc					

### PART F - MILES BY DECADE INSTALLED

Unknown	Pre-1940	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989
1990 - 1999	2000 - 2009	2010 - 2019	2020 - 2029	Total Miles		
				calc		

### PART G - MILES BY MATERIAL AND CORROSION PREVENTION STATUS

Steel cathodically protected		Steel cathodically unprotected		Composite				Total Miles
Bare	Coated	Bare	Coated	Metallic Reinforced	Non-Mettalic Reinforced	Plastic	Other	
								calc

PART H – LEAKS AND REPAIRS	
PART H1 – ALL LEAKS ELIMINATED/REPAIRED IN CALENDAR YEAR	
Cause	Leaks
External Corrosion	
Internal Corrosion	
Stress Corrosion Cracking	
Manufacturing	
Construction	
Equipment	
Incorrect Operations	
Third Party Damage/Mechanical Damage	
Excavation Damage	
Previous Damage (due to Excavation Activity)	
Vandalism (includes all Intentional Damage)	
Weather Related/Other Outside Force	
Natural Force Damage (all)	
Other Outside Force Damage (excluding Vandalism and all Intentional Damage)	
Other	
Total	Calc
PART H2 – KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR	
PART H3 – LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED FOR REPAIR	

**For the designated Commodity, complete PART I one time for all of the pipelines and/or pipeline facilities included within this OPID.**

PART I - PREPARER INFORMATION	
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> Preparer's Name(type or print)	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> Telephone Number
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> Preparer's Title	
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> Preparer's E-mail Address	