

U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration		ANNUAL REPORT FOR CALENDAR YEAR 20____ GAS DISTRIBUTION SYSTEM		DOT USE ONLY	
				Initial Date Submitted	
				Report Submission Type	
				Date Submitted	

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. Public reporting for this collection of information is estimated to be approximately 16 hours per submission, 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
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. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP (Select Commodity Group based on the predominant gas carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPID.) ☐ Natural Gas ☐ Synthetic Gas ☐ Hydrogen Gas ☐ Propane Gas ☐ Landfill Gas ☐ Other Gas → Name of Other Gas: _____	
7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERATOR (Select Type of Operator based on the structure of the company included in this OPID for which this report is being submitted.): ☐ Investor Owned ☐ Municipally Owned ☐ Privately Owned ☐ Cooperative	

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	Reconditioned Cast Iron	SYSTEM TOTAL
	UNPROTECTED		CATHODICALLY PROTECTED								
	BARE	COATED	BARE	COATED							
MILES OF MAIN					Calc	Calc	Calc	Calc	Calc	Calc	Calc
NO. OF SERVICES					Calc	Calc	Calc	Calc	Calc	Calc	Calc

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

Describe Other Material: _____

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

Describe Other Material: _____

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	2020- 2029	TOTAL
MILES OF MAIN												Calc
NUMBER OF SERVICES												Calc

PART C - TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING YEAR				
CAUSE OF LEAK	Mains		Services	
	Total	Hazardous	Total	Hazardous
	CORROSION FAILURE			
NATURAL FORCE DAMAGE				
EXCAVATION DAMAGE				
OTHER OUTSIDE FORCE DAMAGE				
PIPE, WELD, OR JOINT FAILURE				
EQUIPMENT FAILURE				
INCORRECT OPERATION				
OTHER CAUSE				

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

NUMBER OF HAZARDOUS LEAKS INVOLVING A MECHANICAL JOINT FAILURE _____

PART D - EXCAVATION DAMAGE	
1. Total Number of Excavation Damages by Apparent Root Cause	Calc _____
a. One-Call Notification Practices Not Sufficient:	_____
b. Locating Practices Not Sufficient:	_____
c. Excavation Practices Not Sufficient:	_____
d. Other:	_____
2. Number of Excavation Tickets	_____

PART E - EXCESS FLOW VALVE (EFV) AND SERVICE VALVE DATA	
Total Number Of Services with EFV Installed During Year	_____
Estimated Number of Services with EFV In the System At End Of Year	_____
Total Number of Manual Service Line Shut-off Valves Installed During Year	_____
Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the 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
_____	Unaccounted for gas as a percent of total consumption for the 12 months ending June 30 of the reporting year. [(Purchased gas + produced gas) minus (customer use + company use + appropriate adjustments)] divided by (customer use + company use + appropriate adjustments) times 100 equals percent unaccounted for. For year ending 6/30 _____ %.

PART H - ADDITIONAL INFORMATION

PART I - PREPARER	
_____	_____
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
