

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 <https://www.phmsa.dot.gov/forms/pipeline-forms>.

PART A - OPERATOR INFORMATION	DOT USE ONLY
<p>1. NAME OF OPERATOR _____</p> <p>2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED _____</p> <p style="padding-left: 40px;">Number and Street</p> <p>_____</p> <p style="padding-left: 40px;">City and County</p> <p>_____</p> <p style="padding-left: 40px;">State and Zip Code</p> <p>_____</p> <p>5. STATE IN WHICH SYSTEM OPERATES: / ___ / ___ / (provide a separate report for each state in which system operates)</p> <p>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.)</p> <p><input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Synthetic Gas</p> <p><input type="checkbox"/> Hydrogen Gas</p> <p><input type="checkbox"/> Propane Gas</p> <p><input type="checkbox"/> Landfill Gas</p> <p><input type="checkbox"/> Other Gas → Name of Other Gas: _____</p> <p>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.):</p> <p><input type="checkbox"/> Investor Owned</p> <p><input type="checkbox"/> Municipally Owned</p> <p><input type="checkbox"/> Privately Owned</p> <p><input type="checkbox"/> Cooperative</p> <p><input type="checkbox"/> Other Ownership specify: _____</p>	<p>3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER _ / _ / _ / _ / _</p> <p>4. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT _____</p> <p style="padding-left: 40px;">Number and Street</p> <p>_____</p> <p style="padding-left: 40px;">City and County</p> <p>_____</p> <p style="padding-left: 40px;">State and Zip Code</p> <p>_____</p>

PART B - SYSTEM DESCRIPTION Report miles of main and number of services in system at end of year.

1. GENERAL											
	STEEL				PLASTIC	CAST/ WROUGH T IRON	DUCTIL E IRON	COPPER	OTHE R	Reconditioned Cast Iron	SYSTEM TOTAL
	UNPROTECTED		CATHODICALLY PROTECTED								
	BARE	COATE D	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	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 _____

PART D – EXCAVATION DAMAGE	PART E – EXCESS FLOW VALVE (EFV) AND SERVICE VALVE DATA
1. Total Number of Excavation Damages by Apparent Root Cause <u>Calc</u> _____ a. One-Call Notification Practices Not Sufficient: _____ b. Locating Practices Not Sufficient: _____ c. Excavation Practices Not Sufficient: _____ d. Other: _____ 2. Number of Excavation Tickets _____	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
<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	
<p>_____</p>	<p>_____</p>
Preparer's Name and Title	Area Code and Telephone Number
<p>_____</p>	<p>_____</p>
Preparer's email address	Area Code and Facsimile Number
<p>_____</p>	<p>_____</p>
Name and Title of Person Signing	Area Code and Telephone Number
<p>_____</p>	<p>_____</p>