

 <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p> <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 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.</p>	<h2 style="margin: 0;">ANNUAL REPORT FOR CALENDAR YEAR 20__</h2> <h3 style="margin: 0;">GAS DISTRIBUTION SYSTEM</h3>	<p>INITIAL REPORT <input type="checkbox"/></p> <p>SUPPLEMENTAL REPORT <input type="checkbox"/></p>
<b>PART A - OPERATOR INFORMATION</b>	<b>DOT USE ONLY</b>	
<p><b>1. NAME OF OPERATOR</b></p> <p>_____</p> <p><b>2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED</b></p> <p>_____</p> <p style="text-align: center;">Number and Street</p> <p>_____</p> <p style="text-align: center;">City and County</p> <p>_____</p> <p style="text-align: center;">State and Zip Code</p> <p>_____</p>	<p><b>3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER</b></p> <p style="text-align: center;">_ / _ / _ / _ / _</p> <p><b>4. HEADQUARTERS NAME &amp; ADDRESS, IF DIFFERENT</b></p> <p>_____</p> <p style="text-align: center;">Number and Street</p> <p>_____</p> <p style="text-align: center;">City and County</p> <p>_____</p> <p style="text-align: center;">State and Zip Code</p> <p>_____</p> <p><b>5. STATE IN WHICH SYSTEM OPERATES: / _ / _ / _ / _ (provide a separate report for each state in which system operates)</b></p>	

<b>PART B - SYSTEM DESCRIPTION</b>	<b>Report miles of main and number of services in system at end of year.</b>																																															
<b>1. GENERAL</b>																																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th rowspan="3"></th> <th colspan="4">STEEL</th> <th rowspan="3">PLASTIC</th> <th rowspan="3">CAST/ WROUGHT IRON</th> <th rowspan="3">DUCTILE IRON</th> <th rowspan="3">COPPER</th> <th rowspan="3">OTHER</th> <th rowspan="3">SYSTEM TOTAL</th> </tr> <tr> <th colspan="2">UNPROTECTED</th> <th colspan="8">CATHODICALLY PROTECTED</th> </tr> <tr> <th>BARE</th> <th>COATED</th> <th>BARE</th> <th>COATED</th> </tr> <tr> <td>MILES OF MAIN</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NO. OF SERVICES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		STEEL				PLASTIC	CAST/ WROUGHT IRON	DUCTILE IRON	COPPER	OTHER	SYSTEM TOTAL	UNPROTECTED		CATHODICALLY PROTECTED								BARE	COATED	BARE	COATED	MILES OF MAIN											NO. OF SERVICES										
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<b>2. MILES OF MAINS IN SYSTEM AT END OF YEAR</b>							
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							

<b>3. NUMBER OF SERVICES IN SYSTEM AT END OF YEAR</b>	<b>AVERAGE SERVICE LENGTH _____ FEET</b>
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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

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>	