

U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration		ANNUAL REPORT FOR CALENDAR YEAR 20____ REPORT_YEAR GAS DISTRIBUTION SYSTEM		DOT USE ONLY	
		Initial Date Submitted	REPORT_DATE		
		Report Submission Type	REPORT_SUBMIS SION_TYPE		
		Date Submitted	FILING_DATE		
<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. 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> <p>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.</p>					
PART A - OPERATOR INFORMATION		DOT USE ONLY			
1. NAME OF OPERATOR OPERATOR_NAME		3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER ____/____/____/____/____ OPERATOR_ID			
2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED OFFICE_ADDRESS_STREET		4. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT HQ_ADDRESS_STREET			
Number and Street OFFICE_ADDRESS_CITY, OFFICE_ADDRESS_COUNTY		Number and Street HQ_ADDRESS_CITY, HQ_ADDRESS_COUNTY			
City and County OFFICE_ADDRESS_STATE, OFFICE_ADDRESS_ZIP		City and County HQ_ADDRESS_STATE, HQ_ADDRESS_ZIP			
State and Zip Code		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.) COMMODITY <input type="checkbox"/> Natural Gas <input type="checkbox"/> Synthetic Gas <input type="checkbox"/> Hydrogen Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Landfill Gas <input type="checkbox"/> 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.): OPERATOR_TYPE <input type="checkbox"/> Investor Owned <input type="checkbox"/> Municipally Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> Cooperative <input type="checkbox"/> Other Ownership specify:					

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	MMILES_ STEEL_ UNP_BARE	MMILES_ STEEL_UNP_ COATED	MMILES_ STEEL_CP_ BARE	MMILES_STEEL_ _CP_COATED	MMILES_ PLASTIC	MMILES_CI	MMILES_DI	MMILES_CU	MMILES_ OTHER	MMILES_RCI	MMILES_ TOTAL <i>Calc</i>
NO. OF SERVICES	NUM_SRVS_ STEEL_ UNP_BARE	NUM_SRVS_ STEEL_ UNP_COATED	NUM_SRVS_ STEEL_ CP_BARE	NUM_SRVS_ STEEL_CP_ COATED	NUM_SRVS_ PLASTIC	NUM_SRVS_CI	NUM_SRVS_DI	NUM_SRVS_CU	NUM_SRVS_ OTHER	NUM_SRVS_RCI	NUM_SRVS_ TOTAL <i>Calc</i>

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	MMILES_STEEL_UNK	MMILES_STEEL_ LT2IN	MMILES_STEEL_ 2IN_TO_4IN	MMILES_STEEL_ 4IN_TO_8IN	MMILES_STEEL_ 8IN_TO_12IN	MMILES_STEEL_ GT12IN	MMILES_STEEL_ TOTAL <i>Calc</i>
DUCTILE IRON	MMILES_DI_UNK	MMILES_DI_LT2IN	MMILES_DI_ 2IN_TO_4IN	MMILES_DI_ 4IN_TO_8IN	MMILES_DI_ 8IN_TO_12IN	MMILES_DI_ GT12IN	MMILES_DI_TOTAL <i>Calc</i>
COPPER	MMILES_CU_UNK	MMILES_CU_LT2IN	MMILES_CU_ 2IN_TO_4IN	MMILES_CU_ 4IN_TO_8IN	MMILES_CU_ 8IN_TO_12IN	MMILES_CU_ GT12IN	MMILES_CU_TOTAL <i>Calc</i>
CAST/WROUGHT IRON	MMILES_CI_WR_ UNK	MMILES_CI_WR_ LT2IN	MMILES_CI_WR_ 2IN_TO_4IN	MMILES_CI_WR_ 4IN_TO_8IN	MMILES_CI_WR_ 8IN_TO_12IN	MMILES_CI_WR_ GT12IN	MMILES_CI_WR_ TOTAL <i>Calc</i>
PLASTIC 1. PVC	MMILES_PLASTIC_ UNK	MMILES_PLASTIC_ LT2IN	MMILES_PLASTIC_ 2IN_TO_4IN	MMILES_PLASTIC_ 4IN_TO_8IN	MMILES_PLASTIC_ 8IN_TO_12IN	MMILES_PLASTIC_ GT12IN	MMILES_PLASTIC_ TOTAL <i>Calc</i>
2. PE	MMILES_PE_UNK	MMILES_PE_LT2IN	MMILES_PE_ 2IN_TO_4IN	MMILES_PE_ 4IN_TO_8IN	MMILES_PE_ 8IN_TO_12IN	MMILES_PE_ GT12IN	MMILES_PE_TOTAL <i>Calc</i>
3. ABS	MMILES_ABS_UNK	MMILES_ABS_LT2IN	MMILES_ABS_ 2IN_TO_4IN	MMILES_ABS_ 4IN_TO_8IN	MMILES_ABS_ 8IN_TO_12IN	MMILES_ABS_ GT12IN	MMILES_ABS_TOTAL <i>Calc</i>
4. OTHER PLASTIC	MMILES_OTH_ PLSTC_UNK	MMILES_OTH_ PLSTC_LT2IN	MMILES_OTH_PLSTC_ 2IN_TO_4IN	MMILES_OTH_PLSTC_ 4IN_TO_8IN	MMILES_OTH_PLSTC_ 8IN_TO_12IN	MMILES_OTH_ PLSTC_GT12IN	MMILES_OTH_ PLSTC_TOTAL <i>Calc</i>
OTHER	MMILES_OTHER_UNK	MMILES_OTHER_ LT2IN	MMILES_OTHER_ 2IN_TO_4IN	MMILES_OTHER_ 4IN_TO_8IN	MMILES_OTHER_ 8IN_TO_12IN	MMILES_OTHER_ GT12IN	MMILES_OTHER_ TOTAL <i>Calc</i>
Reconditioned Cast Iron	MMILES_RCI_UNK	MMILES_RCI_LT2IN	MMILES_RCI_ 2IN_TO_4IN	MMILES_RCI_ 4IN_TO_8IN	MMILES_RCI_ 8IN_TO_12IN	MMILES_RCI_GT12IN	MMILES_RCI_ TOTAL <i>Calc</i>
SYSTEM TOTALS	MMILES_UNK_TOTAL <i>Calc</i>	MMILES_LT2IN_ TOTAL <i>Calc</i>	MMILES_2IN_TO_4IN_ TOTAL <i>Calc</i>	MMILES_4IN_TO_8IN_ TOTAL <i>Calc</i>	MMILES_8IN_TO_12IN_ TOTAL <i>Calc</i>	MMILES_GT12IN_ TOTAL <i>Calc</i>	MMILES_PART_B2_ TOTAL <i>Calc</i>

Describe Other Material: _____ MMILES_OTHER_MATERIAL_DETAIL _____ AVERAGE_LENGTH _____

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	NUM_SRVS_STEEL_ UNK	NUM_SRVS_STEEL_ LT1IN	NUM_SRVS_STEEL_ 1IN_TO_2IN	NUM_SRVS_STEEL_ 2IN_TO_4IN	NUM_SRVS_STEEL_ 4IN_TO_8IN	NUM_SRVS_STEEL_ GT8IN	NUM_SRVS_STEEL_ TOTAL <i>Calc</i>
DUCTILE IRON	NUM_SRVS_DI_UNK	NUM_SRVS_DI_LT1IN	NUM_SRVS_DI_ 1IN_TO_2IN	NUM_SRVS_DI_ 2IN_TO_4IN	NUM_SRVS_DI_ 4IN_TO_8IN	NUM_SRVS_DI_ GT8IN	NUM_SRVS_DI_ TOTAL <i>Calc</i>
COPPER	NUM_SRVS_CU_UNK	NUM_SRVS_CU_ LT1IN	NUM_SRVS_CU_ 1IN_TO_2IN	NUM_SRVS_CU_ 2IN_TO_4IN	NUM_SRVS_CU_ 4IN_TO_8IN	NUM_SRVS_CU_ GT8IN	NUM_SRVS_CU_ TOTAL <i>Calc</i>
CAST/WROUGHT IRON	NUM_SRVS_CI_WR_ UNK	NUM_SRVS_CI_WR_ LT1IN	NUM_SRVS_CI_WR_ 1IN_TO_2IN	NUM_SRVS_CI_WR_ 2IN_TO_4IN	NUM_SRVS_CI_WR_ 4IN_TO_8IN	NUM_SRVS_CI_WR_ GT8IN	NUM_SRVS_CI_WR_ TOTAL <i>Calc</i>
PLASTIC 1. PVC	NUM_SRVS_PLASTIC_ UNK	NUM_SRVS_PLASTIC_ LT1IN	NUM_SRVS_PLASTIC_ 1IN_TO_2IN	NUM_SRVS_PLASTIC_ 2IN_TO_4IN	NUM_SRVS_PLASTIC_ 4IN_TO_8IN	NUM_SRVS_PLASTIC_ GT8IN	NUM_SRVS_PLASTIC_ TOTAL <i>Calc</i>
2. PE	NUM_SRVS_PE_UNK	NUM_SRVS_PE_LT1IN	NUM_SRVS_PE_ 1IN_TO_2IN	NUM_SRVS_PE_ 2IN_TO_4IN	NUM_SRVS_PE_ 4IN_TO_8IN	NUM_SRVS_PE_ GT8IN	NUM_SRVS_PE_ TOTAL <i>Calc</i>
3. ABS	NUM_SRVS_ABS_ UNK	NUM_SRVS_ABS_ LT1IN	NUM_SRVS_ABS_ 1IN_TO_2IN	NUM_SRVS_ABS_ 2IN_TO_4IN	NUM_SRVS_ABS_ 4IN_TO_8IN	NUM_SRVS_ABS_ GT8IN	NUM_SRVS_ABS_ TOTAL <i>Calc</i>
4. OTHER PLASTIC	NUM_SRVS_OTH_ PLSTC_UNK	NUM_SRVS_OTH_ PLSTC_LT1IN	NUM_SRVS_OTH_ PLSTC_1IN_TO_2IN	NUM_SRVS_OTH_ PLSTC_2IN_TO_4IN	NUM_SRVS_OTH_ PLSTC_4IN_TO_8IN	NUM_SRVS_OTH_ PLSTC_GT8IN	NUM_SRVS_OTH_ PLSTC_TOTAL <i>Calc</i>
OTHER	NUM_SRVS_OTHER_ UNK	NUM_SRVS_OTHER_ LT1IN	NUM_SRVS_OTHER_ 1IN_TO_2IN	NUM_SRVS_OTHER_ 2IN_TO_4IN	NUM_SRVS_OTHER_ 4IN_TO_8IN	NUM_SRVS_OTHER_ GT8IN	NUM_SRVS_OTHER_ TOTAL <i>Calc</i>
Reconditioned Cast Iron	NUM_SRVS_RCI_UNK	NUM_SRVS_RCI_ LT1IN	NUM_SRVS_RCI_ 1IN_TO_2IN	NUM_SRVS_RCI_ 2IN_TO_4IN	NUM_SRVS_RCI_ 4IN_TO_8IN	NUM_SRVS_RCI_ GT8IN	NUM_SRVS_RCI_ TOTAL <i>Calc</i>
SYSTEM TOTALS	NUM_SRVS_UNK_ TOTAL <i>Calc</i>	NUM_SRVS_LT1IN_ TOTAL <i>Calc</i>	NUM_SRVS_1IN_TO_2IN_ TOTAL <i>Calc</i>	NUM_SRVS_2IN_TO_4IN_ TOTAL <i>Calc</i>	NUM_SRVS_4IN_TO_8IN_ TOTAL <i>Calc</i>	NUM_SRVS_GT8IN_ TOTAL <i>Calc</i>	NUM_SRVS_PART_B3_ TOTAL <i>Calc</i>

Describe Other Material: _____ NUM_SRVS_OTHER_MATERIAL_DETAIL _____

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	MMILES_BY_ DCD_UNK	MMILES_BY_ DCD_ PRE1940	MMILES_BY_ DCD_1940_TO 1949	MMILES_BY_ DCD_1950_ TO_1959	MMILES_BY_ DCD_1960_ TO_1969	MMILES_BY_ DCD_1970_ TO_1979	MMILES_BY_ DCD_1980_ TO_1989	MMILES_BY_ DCD_1990_ TO_1999	MMILES_BY_ DCD_2000_ TO_2009	MMILES_BY_ DCD_2010_ TO_2019	MMILES_ BY_DCD_ TOTAL <i>Calc</i>
NUMBER OF SERVICES	NUM_SRVS_BY_ DCD_UNK	NUM_SRVS_ BY_DCD_ PRE1940	NUM_SRVS_ BY_DCD_1940 TO_1949	NUM_SRVS_ BY_DCD_19 50_TO_1959	NUM_SRVS_ BY_DCD_19 60_TO_1969	NUM_SRVS_ BY_DCD_19 70_TO_1979	NUM_SRVS_ BY_DCD_19 80_TO_1989	NUM_SRVS_ BY_DCD_1990 TO_1999	NUM_SRVS_ BY_DCD_20 00_TO_2009	NUM_SRVS_ BY_DCD_20 10_TO_2019	NUM_SRVS_ BY_DCD_ TOTAL <i>Calc</i>

PART C - TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING YEAR				
CAUSE OF LEAK				
	Mains		Services	
	Total	Hazardous	Total	Hazardous
CORROSION FAILURE	TOTAL_LEAKS_COR_MAINS	TOTAL_HAZLEAKS_COR_MAINS	TOTAL_LEAKS_COR_SRVS	TOTAL_HAZLEAKS_COR_SRVS
NATURAL FORCE DAMAGE	TOTAL_LEAKS_NF_MAINS	TOTAL_HAZLEAKS_NF_MAINS	TOTAL_LEAKS_NF_SRVS	TOTAL_HAZLEAKS_NF_SRVS
EXCAVATION DAMAGE	TOTAL_LEAKS_EX_MAINS	TOTAL_HAZLEAKS_EX_MAINS	TOTAL_LEAKS_EX_SRVS	TOTAL_HAZLEAKS_EX_SRVS
OTHER OUTSIDE FORCE DAMAGE	TOTAL_LEAKS_OF_DAM_MAINS	TOTAL_HAZLEAKS_OF_DAM_MAINS	TOTAL_LEAKS_OF_DAM_SRVS	TOTAL_HAZLEAKS_OF_DAM_SRVS
PIPE, WELD, OR JOINT FAILURE	TOTAL_LEAKS_MAT_WELD_MAINS	TOTAL_HAZLEAKS_MAT_WELD_MAINS	TOTAL_LEAKS_MAT_WELD_SRVS	TOTAL_HAZLEAKS_MAT_WELD_SRVS
EQUIPMENT FAILURE	TOTAL_LEAKS_EQ_MAINS	TOTAL_HAZLEAKS_EQ_MAINS	TOTAL_LEAKS_EQ_SRVS	TOTAL_HAZLEAKS_EQ_SRVS
INCORRECT OPERATION	TOTAL_LEAKS_OP_MAINS	TOTAL_HAZLEAKS_OP_MAINS	TOTAL_LEAKS_OP_SRVS	TOTAL_HAZLEAKS_OP_SRVS
OTHER CAUSE	TOTAL_LEAKS_OT_MAINS	TOTAL_HAZLEAKS_OT_MAINS	TOTAL_LEAKS_OT_SRVS	TOTAL_HAZLEAKS_OT_SRVS
NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR <u>KNOWN_LEAKS</u>				

PART D – EXCAVATION DAMAGE	PART E – EXCESS FLOW VALVE (EFV) DATA
<p>1. Total Number of Excavation Damages by Apparent Root Cause <u>EXCAV_DAMAGES</u> <i>Calc</i></p> <p>a. One-Call Notification Practices Not Sufficient: <u>EXCAV_ONECALL</u></p> <p>b. Locating Practices Not Sufficient: <u>EXCAV_LOCATING</u></p> <p>c. Excavation Practices Not Sufficient: <u>EXCAV_EXCAV</u></p> <p>d. Other: <u>EXCAV_OTHER</u></p> <p>2. Number of Excavation Tickets <u>EXCAV_TICKETS</u></p>	<p>Total Number Of EFVs on Single-family Residential Services Installed During Year <u>EFV_INSTALLED_CY</u></p> <p>Estimated Number of EFVs In the System At End Of Year <u>EFV_IN_SYSTEM</u></p>

PART F - TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED FOR REPAIR	PART G - PERCENT OF UNACCOUNTED FOR GAS
<u>FED_LAND_LEAKS_REPAIRED</u>	<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 <u>PERCENT_UNACC_GAS</u> %.</p>

PART H - ADDITIONAL INFORMATION	
<p style="color: red; margin-top: 0;">ADDITIONAL_INFORMATION</p>	

PART I - PREPARER	
<p style="color: red; margin: 0;">PREPARERS_NAME PREPARERS_TITLE</p> <p>Preparer's Name and Title</p>	<p style="color: red; margin: 0;">PREPARERS_PHONE</p> <p>Area Code and Telephone Number</p>
<p style="color: red; margin: 0;">PREPARERS_EMAIL</p> <p>Preparer's email address</p>	<p style="color: red; margin: 0;">PREPARERS_FAX</p> <p>Area Code and Facsimile Number</p>
<p>Name and Title of Person Signing</p>	<p>Area Code and Telephone Number</p>

Note: Field Name not on the form as follow:

Field Name	Field Name Description
DATAFILE_AS_OF	<i>Data as of date</i>

New Fieldnames added to Rev. 05-2015 form

Field Name	Descriptions
COMMODITY Part A.6 - General	For Report year 2014 and prior, COMMODITY is not required
OPERATOR_TYPE Part A.7 - General	For Report year 2014 and prior, OPERATOR_TYPE is not required
Reconditioned Cast Iron (Part B.1 – General, Part B.2 – Miles of Mains in System at End of Year and Part B.3– Number of Services in System at End of Year)	For Report year 2014 and prior, Reconditioned Cast Iron is not required
EXCAV_ONECALL EXCAV_LOCATING EXCAV_EXCAV EXCAV_OTHER (Part D.1)	For Report year 2014 and prior, EXCAV_ONECALL , EXCAV_LOCATING , EXCAV_EXCAV , EXCAV_OTHER are not required