



U.S. Department of Transportation
Pipeline and Hazardous Materials
Safety Administration

**ANNUAL REPORT FOR CALENDAR YEAR 20__YR
GAS DISTRIBUTION SYSTEM**

ORIGINAL
INITIAL REPORT
SUPPLEMENTAL REPORT
SUPPLEMENT

PART A - OPERATOR INFORMATION

1. NAME OF OPERATOR
NAME

2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED
OFSTREET

Number and Street
OFCITY, OFCOUNTY

City and County
OFSTATE, OFZIP

State and Zip Code

**RPTID
D_SUP_ID**

DOT USE ONLY

3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER
/ / / / / **OPERATOR_ID**

4. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT
HQSTREET

Number and Street
HQCITY, HQCOUNTY

City and County
HQSTATE, HQZIP

State and Zip Code

5. STATE IN WHICH SYSTEM OPERATES: / / (provide a **separate** report for each state in which system operates)

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	OTHER	TOTAL
	UNPROTECTED		CATHODICALLY PROTECTED								
	BARE	COATED	BARE	COATED							
MILES OF MAIN	B1M_1	B1M_2	B1M_3	B1M_4	B1M_5	B1M_6	B1M_7	B1M_8	B1M_9	B1M_10	B1MT
NO. OF SERVICES	B1S_1	B1S_2	B1S_3	B1S_4	B1S_5	B1S_6	B1S_7	B1S_8	B1S_9	B1S_10	B1ST

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"	TOTAL
STEEL	STM_1	STM_2	STM_3	STM_4	STM_5	STM_6	STMT
DUCTILE IRON	DIM_1	DIM_2	DIM_3	DIM_4	DIM_5	DIM_6	DIMT
COPPER	CUM_1	CUM_2	CUM_3	CUM_4	CUM_5	CUM_6	CUMT
CAST/WROUGHT IRON	CIM_1	CIM_2	CIM_3	CIM_4	CIM_5	CIM_6	CIMT
PLASTIC 1. PVC	PVCM_1	PVCM_2	PVCM_3	PVCM_4	PVCM_5	PVCM_6	PVCMT
2. PE	PEM_1	PEM_2	PEM_3	PEM_4	PEM_5	PEM_6	PEMT
3. ABS	ABSM_1	ABSM_2	ABSM_3	ABSM_4	ABSM_5	ABSM_6	ABSMT
OTHER	OT1M_1	OT1M_2	OT1M_3	OT1M_4	OT1M_5	OT1M_6	OT1MT
OTHER	OT2M_1	OT2M_2	OT2M_3	OT2M_4	OT2M_5	OT2M_6	OT2MT
SYSTEM TOTALS	TOTM_1	TOTM_2	TOTM_3	TOTM_4	TOTM_5	TOTM_6	TOTMT

3. NUMBER OF SERVICES IN SYSTEM AT END OF YEAR

AVERAGE SERVICE LENGTH **AVER** FEET

MATERIAL	UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	TOTAL
STEEL	STS_1	STS_2	STS_3	STS_4	STS_5	STS_6	STST
DUCTILE IRON	DIS_1	DIS_2	DIS_3	DIS_4	DIS_5	DIS_6	DIST
COPPER	CUS_1	CUS_2	CUS_3	CUS_4	CUS_5	CUS_6	CUST
CAST/WROUGHT IRON	CIS_1	CIS_2	CIS_3	CIS_4	CIS_5	CIS_6	CIST
PLASTIC 1. PVC	PVCS_1	PVCS_2	PVCS_3	PVCS_4	PVCS_5	PVCS_6	PVCSST
2. PE	PES_1	PES_2	PES_3	PES_4	PES_5	PES_6	PEST
3. ABS	ABSS_1	ABSS_2	ABSS_3	ABSS_4	ABSS_5	ABSS_6	ABSSST
OTHER	OT1S_1	OT1S_2	OT1S_3	OT1S_4	OT1S_5	OT1S_6	OT1ST
OTHER	OT2S_1	OT2S_2	OT2S_3	OT2S_4	OT2S_5	OT2S_6	OT2ST
SYSTEM TOTALS	TOTS_1	TOTS_2	TOTS_3	TOTS_4	TOTS_5	TOTS_6	TOTST

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	TOTAL
MILES OF MAIN	DINSTM_1	DINSTM_2	DINSTM_3	DINSTM_4	DINSTM_5	DINSTM_6	DINSTM_7	DINSTM_8	DINSTM_9	DINSTMT
NUMBER OF SERVICES	DINSTS_1	DINSTS_2	DINSTS_3	DINSTS_4	DINSTS_5	DINSTS_6	DINSTS_7	DINSTS_8	DINSTS_9	DINSTST
PART C - TOTAL LEAKS ELIMINATED/REPAIRED DURING YEAR					PART D - TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED FOR REPAIR					
CAUSE OF LEAK			Mains	Services	FEDLK <hr/>					
CORROSION	CM	CS								
NATURAL FORCES	NFM	NFS								
EXCAVATION	EXCM	EXCS								
OTHER OUTSIDE FORCE DAMAGE	OOFM	OOFs								
MATERIAL OR WELDS	MWM	MWS								
EQUIPMENT	EQM	EQS								
OPERATIONS	OPERM	OPERS								
OTHER	OTHM	OTHS								
NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR			KNLK		PART E - PERCENT OF UNACCOUNTED FOR GAS Unaccounted for gas as a percent of total input for the 12 months ending June 30 of the reporting year. [(Purchased gas + produced gas) minus (customer use + company use + appropriate adjustments)] divided by (purchased gas + produced gas) equals percent unaccounted for. Input for year ending 6/30 UNACC %					
PART F - ADDITIONAL INFORMATION					COMMENTS					
PART G - PREPARER AND AUTHORIZED SIGNATURE										
PNAME _____ (type or print) Preparer's Name and Title					PPHONE _____ Area Code and Telephone Number					
PEMAIL _____ Preparer's email address					PFAX _____ Area Code and Facsimile Number					
_____ Name and Title of Person Signing					_____ Area Code and Telephone Number					
_____ Authorized Signature										