NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed 100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.

onot OMB NO: 2137-0522 EXPIRATION DATE: 8/31/2020

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

 Original Report Date:
 10/15/2018

 No.
 20180094- 31333

 (DOT Use Only)

INCIDENT REPORT - GAS DISTRIBUTION SYSTEM

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. All responses to this collection of information are mandatory. Send comments regarding the burden or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

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.

Report Type: (select all that apply)	Original:	Supplemental:	Final:
Last Revision Date	12/14/2018	Yes	
Operator's OPS-issued Operator Identification Number (OPID):	12876		
Name of Operator		N LITALIAAWOMINIO (IDALIA	
3. Address of Operator:	DOMINION ENERG	BY UTAH/WYOMING/IDAH	<u> </u>
3a. Street Address	222 COLITIL CTATE	CTDEET DO DOY 45260	
	SALT LAKE CITY	STREET P.O. BOX 45360)
3b. City 3c. State			
	Utah		
3d. Zip Code	84145		
4. Local time (24-hr clock) and date of the Incident:	09/15/2018 14:10		
5. Location of Incident:	0447.0.5000.14/		
5a. Street Address or location description	3447 S 5600 W		
5b. City	West Valley City		
5c. County or Parish	Salt Lake		
5d. State:	Utah		
5e. Zip Code:	84120		
5f. Latitude:	40.69785		
Longitude:	-112.02421		
6. National Response Center Report Number:	1224724		
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center:	09/15/2018 16:50		
8. Incident resulted from:	Unintentional release	se of gas	
9. Gas released:	Natural Gas		
- Other Gas Released Name:			
10. Estimated volume of gas released - Thousand Cubic Feet (MCF):			
11. Were there fatalities?	No		
 If Yes, specify the number in each category: 			
11a. Operator employees			
11b. Contractor employees working for the Operator			
11c. Non-Operator emergency responders			
11d. Workers working on the right-of-way, but NOT			
associated with this Operator			
11e. General public			
11f. Total fatalities (sum of above)			
12. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
12a. Operator employees			
12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders			
12d. Workers working on the right-of-way, but NOT			
associated with this Operator			
12e. General public			
12f. Total injuries (sum of above)			
13. Was the pipeline/facility shut down due to the incident?	Yes		
- If No, Explain:			

Form PHMSA F 7100.1 Page 1 of 9

- If Yes, complete Questions 13a and 13b: (use local time, 24-hr clock)

13b. Local time pipelinerfacility restanted: 13b. Idoa by as sprile? 14b. Did the gas sprile? 15b. Did the gas sprile? 16b. Marhey as sprile? 16b. Whether of general public evacuated: 16b. Marhey of general public evacuated: 16b. Marhey of general public evacuated: 17b. Local time sperator resolution from the spring of the	13a. Local time and date of shutdown:	09/15/2018 16:26
- Still shut down? (* Supplemental Report Required) 15. Did the gas explode? 15. Did the gas explode? 17. Time sequence (use local brine, 2-4-fluor obody). 17. Time sequence (use local brine, 2-4-fluor obody). 17. Local time operator indirectifed (undern - effective 10-2014, "Incident" 17. Local time operator destined fluorident - effective 10-2014, "Incident" 17. Local time operator destined fluorident - effective 10-2014, "Incident" 17. Local time operator resources arrived on site: PART B - ADDITIONAL LOCATION INFORMATION 1. Was the Incident on Federal land? 2. Location of Incident Specify. 1. Was the Incident on Federal land? 2. Location of Incident Specify. 1. Fives, specify type below. 1. If Other, Describe: Open of Cover. 4. Did Incident occur in a crossing? 1. If Yes, specify type below. 1. If Rodg crossing - Cased Uncased: 1. If Rand crossing - Cased Uncased Benedicined 1. If Waster crossing - Cased Uncased Benedicined 1. If Waster crossing - Cased Uncased Incident 2. Part of system involved in Incident: 2. Part of system involved in Incident: 3. When Main of Service' is selected as the "Part of system involved in Incident: 3. When Main of Service' is selected as the "Part of system involved in Incident: 3. When Main of Service' is selected as the "Part of system involved in Incident: 4. If Steel, Specify Standard Dimension Ratio (SDR); 3. When Main of Service' is selected as the "year of system involved in Incident: 4. If Steel, Specify Standard Dimension Ratio (SDR); 4. If Plastic, Specify Standard Dimension Ratio (SDR); 1. If Other, Describe: 1. If Other, Descr		
14. Did the gas ignite? 15. Did the gas explose? 16. Number of general public execusated: 16. Number of general public execusated: 17. Time sequence (use local time, 24-hour clock): 17. Local time operator identified inscient: effective 10-2014, "Incident" 18. Local time operator resources arrived on site: 19. Avea of Incident. 20. Local time operator resources arrived on site: 19. Avea of Incident. 20. Avea of Incident. 20. Avea of Incident. 20. Avea of Incident. 20. Local time operator dentity piping or appurtenance (e.g. value or regulator sistion, outdoor meter set) 20. Local time operator of sistent piping or appurtenance (e.g. value or regulator sistion, outdoor meter set) 21. If Office, Describe. 22. Local for Incident. 23. Non-19. Local time operator of sistent piping or appurtenance (e.g. value or regulator sistion, outdoor meter set) 24. If Roud crossing - 25. Local for operator of Sistent Piping or appurtenance (e.g. value or regulator sistion, outdoor meter set) 25. If Roud crossing - 26. Local for operator of Sistent Piping or appurtenance (e.g. value or regulator sistion, outdoor meter set) 26. If Roud crossing - 27. Local for operator of Sistent Piping or appurtenance (e.g. value or regulator sistion, outdoor meter set) 28. If Roud crossing - 29. Local for operator of Sistent Piping or appurtenance (e.g. value or regulator sistion, outdoor meter set) 29. Part of system involved in Incident Piping or appurtenance (e.g. value or regulator set) 29. Part of system involved in Incident Piping or appur		11/00/2010 00:00
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172. Local time operator identified incident - effective 10-2014, 'Incident' changed to 'Infallize' 17b. Local time operator resources arrived on site: 09/15/2018 00:00 09/15/2	16. Number of general public evacuated:	0
changed to "failure" 17b. Local time operator resources arrived on site: 09/15/2018 00:00 PART B - ADDITIONAL LOCATION INFORMATION 1. Was the Incident on Federal land? 2. Location of Incident: Private property Aboveground Tyriate property Abovegr	17. Time sequence (use local time, 24-hour clock):	
PART B - ADDITIONAL LOCATION INFORMATION 1. Was the incident on Federal land? 2. Local function: Specify Area of Incident: Specify H Other, Describe: Depth of Cover: 4. Did Incident occur in a crossing? Life of Cased Uncased: - If Railroad crossing Cased Uncased: - If Railroad crossing Cased Uncased: - If Roil or Cased Uncased: - If Was the recognition of the Cased Uncased Specify (in the Cased Uncased): - If Was of Possing Cased Uncased Specify (in the Cased Uncased): - If Was of Possing Cased Uncased Specify (in the Cased Uncased): - If Was of Cased Uncased Specify (in the Cased Uncased): - If Was of Cased Uncased Specify (in the Cased Uncased): - If Was of Cased Uncased Specify (in the Cased Uncased): - If Was of Cased Uncased Specify (in the Cased Uncased): - If Was of Cased Uncased Specify (in the Cased Uncased): - If Was of Specify Uncased Specify (in the Cased Uncased): - If Indicate the type of pipeline system: - If Other, Specify: - 2a. Year 19 system involved in Incident: - If Other, Specify: - 2a. Year 19 system involved in Incident: - If Other, Specify: - 3a. When Main' or "Service' is selected as the "Part of system involved in Incident: - If Other, Specify: - 3a. Pope annulacture: - 3a. Pope annulacture: - 3a. Veran of manufacture: - 3a. Was of manufacture: - 4b. If If Pastic, Specify seam type: - Was of manufacture: - 4c. If Plastic, Specify was manufacture: - 5pecify PP Ppe Material Designation Code (i.e. 2406, 3408, etc.) - 1 Other, Specify: - If Other, Describe: - 1 Other, Describe: - 1 Other, Describe: - 1 Other, Describe: - 1 Other, Specify: - 1 Other, Specif		09/15/2018 00:00
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Specify: Typical aboveground facility piping or apputenance (e.g. value or regulator station, outdoor meter set)		
If Other, Describe: Depth of Cover: 4. Did Incident occur in a crossing? -If Yes, specify type below: -If Bridge crossing - -Cased Uncased: -If Ratiroad crossing - -Cased Uncased Bored/drilled -If Road crossing - -Cased Uncased Bored/drilled -If Road crossing - -Cased Uncased Bored/drilled -If Water crossing - -If Other, specify: -If Other, describe: -If Other, describe: -If Other, describe: -If Other, specify wall thickness (inches): -If Other, describe: -If Other, describe: -If Other, specify: -If Other, describe: -If Other, Describe: -If Other, Describe: -If Other, Describe: -If Other, Describe:	Specify:	Typical aboveground facility piping or appurtenance (e.g. value
Depth of Cover: - If Yes, Specify type below: - If Bridge crossing — Cased/ Uncased: - If Railroad crossing — Cased/ Uncased/ Bored/drilled - If Road crossing — Cased/ Uncased/ Bored/drilled - If Noad crossing — Cased/ Uncased/ Bored/drilled - If Water crossing — Investor Owned Investo	If Other Describe:	or regulator station, outdoor meter set)
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- If Bridge crossing — Cased/ Uncased: - If Railroad crossing — Cased/ Uncased/ Bored/drilled - If Road crossing — Cased/ Uncased/ Bored/drilled - If Water crossing — Cased/ Uncased/ Bored/drilled - If Water crossing — Cased/ Uncased Same of body of water (If commonly known): Approx. water depth (It): PART C - ADDITIONAL FACILITY INFORMATION 1. Indicate the type of pipeline system: - If Other, specify: 2. Part of system involved in Incident: - If Other, specify: 2. Part of system involved in Incident: - If Other, specify: 3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following: 33. Nominal diameter of pipe (In): 34. Nominal diameter of pipe (In): 35. Pipe manufacture: 41. Material involved in Incident: - If Other, specify: - If Other, describe: - If Plastic, Specify Standard Dimension Ratio (SDR): - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) - If Mechanical Puncture - Specify Approx size: - If Mechanical Puncture - Specify Approx size: - If Mechanical Puncture - Specify Approx size: - If Other, Describe: - Approx. size: (widest opening): - If Other, Describe: - Approx. size: (widest opening): - If Other, Describe: - If		
- If Rairoad crossing — - Cased' Uncased' Bored'drilled - If Road crossing — - Cased' Uncased' Bored'drilled - If Water crossing — - Cased' Uncased Bored'drilled - If Water crossing — - Cased' Uncased Bored'drilled - If Water crossing — - Cased' Uncased Name of body of water (If commonly known): - Approx. water depth (It): PART C - ADDITIONAL FACILITY INFORMATION 1. Indicate the type of pipeline system: - If Other, specify: - Vouside Meter/Regulator set - If Other, specify: - University of System involved in Incident: - If Other, specify: - Vouside Meter/Regulator set - Vouside Meter/Regu		
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Cased/ Uncased/ Bored/drilled - If Noad crossing — Cased/ Uncased/ Bored/drilled - If Water crossing — Cased/ Uncased Name of body of water (If commonly known): Approx. water depth (ft): PART C - ADDITIONAL FACILITY INFORMATION 1. Indicate the type of pipeline system: - If Other, specify: 2. Part of system involved in Incident: - If Other, specify: 2. Year "Part of system involved in Incident" was installed: - If Other, specify: 3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C. Question 2), provide the following: 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API SL, ASTM D2513): 3c. Pipe manufacture: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: - If Other, specify: 4b. If Steel, Specify wall thickness (inches): - If Other, describe: - Specify FE Pipe Material Designation Code (i.e. 2406, 3408, etc.) - Unknown? - If Mechanical Puncture - Specify Approx size: - If Mechanical Puncture - Specify Approx size: (widest opening): - If Cher, Describe: - If Other, Describe: - If Rupture - Select Orientation: - If Other, Describe: - Approx. size: (widest opening): - If Other, Describe: - If Other, Descr		
Cased' Uncased Bored/drilled - If Water crossing — Cased' Uncased Name of body of water (If commonly known): Approx. water depth (ft): PART C - ADDITIONAL FACILITY INFORMATION 1. Indicate the type of pipeline system: If Other, specify: 2. Part of system involved in Incident: Unusted Water (If commonly known): 2. Part of system involved in Incident: If Other, specify: 2. Year "Part of system involved in Incident was installed: 1997 3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following: 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API SL, ASTM D2513): 3c. Pipe manufacture: Other 4d. If Steel, Specify seam type: If Other, specify: Weter (aluminum) 4a. If Steel, Specify seam type: None/Unknown? 4b. If Steel, Specify wall thickness (inches): If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c: Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) Unknown? 5. Type of release involved : Approx. size: in. (axial): in. (circumferential): If Other, Describe: Approx. size: (widest opening): Unknown 4		
Cased' Uncased Bored/drilled - If Water crossing — Cased' Uncased Name of body of water (If commonly known): Approx. water depth (ft): PART C - ADDITIONAL FACILITY INFORMATION 1. Indicate the type of pipeline system: If Other, specify: 2. Part of system involved in Incident: Unusted Water (If commonly known): 2. Part of system involved in Incident: If Other, specify: 2. Year "Part of system involved in Incident was installed: 1997 3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following: 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API SL, ASTM D2513): 3c. Pipe manufacture: Other 4d. If Steel, Specify seam type: If Other, specify: Weter (aluminum) 4a. If Steel, Specify seam type: None/Unknown? 4b. If Steel, Specify wall thickness (inches): If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 4.c: Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) Unknown? 5. Type of release involved : Approx. size: in. (axial): in. (circumferential): If Other, Describe: Approx. size: (widest opening): Unknown 4	- If Road crossing –	
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Approx. water depth (ft): PART C - ADDITIONAL FACILITY INFORMATION 1. Indicate the type of pipeline system: - If Other, specify: 2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 1997 3. When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following: 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API SL, ASTM D2513): 3c. Pipe manufacture: 4. Material involved in Incident: - If Other, specify: 4. Material involved in Incident: - If Other, specify: - If Other, describe: 4c. If Plastic, Specify seam type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): - Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Question 14.c: - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) - Unknown? 5. Type of release involved: - If Mechanical Puncture - Specify Approx size: - If Leak - Select Type: - If Other, Describe: - Approx. size: in. (axial): in. (circumferential): - If Other, Describe: - Approx. size: (widest opening): (length circumferential): - If Other, Describe: - Approx. size: (widest opening): (length circumferential): - If Other, Describe: - Approx. size: (widest opening): (length circumferential): - If Other, Describe:		
PART C - ADDITIONAL FACILITY INFORMATION 1. Indicate the type of pipeline system: - If Other, specify: 2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3 When "Main" or "Service" is selected as the "Part of system involved in Incident" (from PART C, Question 2), provide the following: 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacture: 4 Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: - If Other, specify: 4b. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): Or wall thickness: - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) - If Mechanical Puncture - Specify Approx size: - If Leak - Select Type: - If Cother, Describe: - If Cother, Describe: - Approx. size: in. (axial):	Name of body of water (If commonly known):	
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- If Leak - Select Type: - If Other, Describe: - If Rupture - Select Orientation: - If Other, Describe: - If Other, Describe: - Approx. size: (widest opening): (length circumferentially or axially):	2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incided 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: None/Unknown? 4b. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Qu - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) Unknown? 5. Type of release involved: - If Mechanical Puncture - Specify Approx size:	1997 nt" (from PART C, Question 2), provide the following: Other Meter (aluminum) estion 4.c:
- If Other, Describe: Damage by fire - If Rupture - Select Orientation: - If Other, Describe: - If Other, Describe: - Approx. size: (widest opening): - (length circumferentially or axially):	2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incided 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: None/Unknown? 4b. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Questic.) Unknown? 5. Type of release involved: - If Mechanical Puncture - Specify Approx size: Approx. size: in. (axial):	1997 nt" (from PART C, Question 2), provide the following: Other Meter (aluminum) estion 4.c:
- If Rupture - Select Orientation: - If Other, Describe: Approx. size: (widest opening): (length circumferentially or axially):	2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incided 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: None/Unknown? 4b. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Questic.) Unknown? 5. Type of release involved: - If Mechanical Puncture - Specify Approx size: Approx. size: in. (axial): in. (circumferential):	1997 nt" (from PART C, Question 2), provide the following: Other Meter (aluminum) estion 4.c: Leak
- If Other, Describe: Approx. size: (widest opening): (length circumferentially or axially):	2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incided 3a. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacturer: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: None/Unknown? 4b. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Qu - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) Unknown? 5. Type of release involved: - If Mechanical Puncture - Specify Approx size: Approx. size: in. (axial): in. (circumferential):	1997 nt" (from PART C, Question 2), provide the following: Other Meter (aluminum) estion 4.c: Leak Other
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(length circumferentially or axially):	2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incident and incident: - If Other, specify: - If Other, specify: - If Other, specify: - If Other, describe: - If Plastic, Specify standard Dimension Ratio (SDR): - Or wall thickness: - If Other, describe: - If Polyethylene (PE) is selected as the type of plastic in Part C, Questic.) - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) - If Mechanical Puncture - Specify Approx size: - If Mechanical Puncture - Specify Approx size: - If Leak - Select Type: - If Other, Describe:	1997 nt" (from PART C, Question 2), provide the following: Other Meter (aluminum) estion 4.c: Leak Other
	2. Part of system involved in Incident: - If Other, specify: 2a. Year "Part of system involved in Incident" was installed: 3. When "Main" or "Service" is selected as the "Part of system involved in Incident aa. Nominal diameter of pipe (in): 3b. Pipe specification (e.g., API 5L, ASTM D2513): 3c. Pipe manufacture: 3d. Year of manufacture: 4. Material involved in Incident: - If Other, specify: 4a. If Steel, Specify seam type: None/Unknown? 4b. If Steel, Specify wall thickness (inches): 4c. If Plastic, Specify type: - If Other, describe: 4d. If Plastic, Specify Standard Dimension Ratio (SDR): Or wall thickness: 4e. If Polyethylene (PE) is selected as the type of plastic in Part C, Qu - Specify PE Pipe Material Designation Code (i.e. 2406, 3408, etc.) Unknown? 5. Type of release involved: - If Mechanical Puncture - Specify Approx size: Approx. size: in. (axial): in. (circumferential): - If Leak - Select Type: - If Other, Describe: - If Other, Describe:	1997 nt" (from PART C, Question 2), provide the following: Other Meter (aluminum) estion 4.c: Leak Other
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PART D - ADDITIONAL CONSEQUENCE INFORMATION	
	Class 3 Location
Class Location of Incident : Estimated Property Damage :	Class 3 Location
2a. Estimated cost of public and non-Operator private	\$ 65,000
property damage paid/reimbursed by the Operator – effective 6-2011,	\$ 65,000
"paid/reimbursed by the Operator" removed	
Estimated cost of gas released – effective 6-2011, moved to item 2f	
2b. Estimated cost of Operator's property damage & repairs	\$ 660
2c. Estimated cost of Operator's emergency response	\$ 875
2d. Estimated other costs	\$0
- Describe:	A
2e. Property damage subtotal (sum of above)	\$ 66,535
Cost of Gas Released	
2f. Estimated cost of gas released	\$0
Total of all costs	\$ 66,535
Estimated number of customers out of service:	Ψ 00,000
3a. Commercial entities_	1
3b. Industrial entities	0
3c. Residences	0
oc. Residences	
PART E - ADDITIONAL OPERATING INFORMATION	
Estimated pressure at the point and time of the Incident (psig):	45.00
2. Normal operating pressure at the point and time of the Incident (psig):	45.00
Maximum Allowable Operating Pressure (MAOP) at the point and time of	60.00
the Incident (psig):	
Describe the pressure on the system relating to the Incident:	Pressure did not exceed MAOP
5. Was a Supervisory Control and Data Acquisition (SCADA) based system in	No
place on the pipeline or facility involved in the Incident?	
- If Yes:	
5a. Was it operating at the time of the Incident?	
5b. Was it fully functional at the time of the Incident?	
5c. Did SCADA-based information (such as alarm(s), alert(s),	
event(s), and/or volume or pack calculations) assist with the detection of the Incident?	
5d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Incident?	
6. How was the Incident initially identified for the Operator?	Notification from Emergency Responder
- If Other, Specify:	
6a. If "Controller", "Local Operating Personnel, including	
contractors", "Air Patrol", or "Ground Patrol by Operator or its	
contractor" is selected in Question 6, specify.	
7. Was an investigation initiated into whether or not the controller(s) or control	No, the facility was not monitored by a controller(s) at the time
room issues were the cause of or a contributing factor to the Incident?	of the Incident
- If "No, the operator did not find that an investigation of the controller(s)	
actions or control room issues was necessary due to:"	
(provide an explanation for why the operator did not investigate)	
- If Yes, Specify investigation result(s) (select all that apply):	
- Investigation reviewed work schedule rotations, continuous hours	
of service (while working for the Operator), and other factors	
associated with fatigue	
- Investigation did NOT review work schedule rotations, continuous	
hours of service (while working for the Operator), and other factors	
associated with fatigue	
- Provide an explanation for why not:	
- Investigation identified no control room issues	
- Investigation identified no controller issues	
- Investigation identified incorrect controller action or controller error	
Investigation identified that fatigue may have affected the	
controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
- Investigation identified incorrect control room equipment operation	
Investigation identified maintenance activities that affected control	
room operations, procedures, and/or controller response	
- Investigation identified areas other than those above	
Describe:	

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PART F - DRUG & ALCOHOL TESTING INFORMATION	
As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? - If Yes:	No
1a. How many were tested:	
1b. How many failed:	
2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. How many were tested: 2b. How many failed:	
PART G - CAUSE INFORMATION	
Select only one box from PART G in shaded column on left representing the Appright. Describe secondary, contributing, or root causes of the Incident in the narro	parent Cause of the Incident, and answer the questions on the ative (PART H).
Apparent Cause:	G8 - Other Incident Cause
G1 - Corrosion Failure - only one sub-cause can be picked from shaded le	ft-hand column
Corrosion Failure Sub-Cause:	
- If External Corrosion:	
Results of visual examination:	
- If Other, Specify:	
2. Type of corrosion:	1
- Galvanic	
- Atmospheric - Stray Current	
- Stray Current - Microbiological	
- Selective Seam	
- Other	
- If Other, Describe:	
3. The type(s) of corrosion selected in Question 2 is based on the following:	
- Field examination	
Determined by metallurgical analysis Other	
- Other - If Other, Describe:	
4. Was the failed item buried under the ground?	
- If Yes:	
4a. Was failed item considered to be under cathodic protection at the time of the incident?	
- If Yes, Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident?	
If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
6. Pipeline coating type, if steel pipe is involved:	
- If Other, Describe:	
- If Internal Corrosion:	1
7. Results of visual examination:	
- If Other, Describe:	
8. Cause of corrosion (select all that apply):	T
- Corrosive Commodity - Water drop-out/Acid	
- Water drop-out/Acid - Microbiological	
- Microbiological - Erosion	1
2.00.011	1

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- Other

- If Other, Specify:	
9. The cause(s) of corrosion selected in Question 8 is based on the following: (s	elect all that apply):
- Field examination	
- Determined by metallurgical analysis	
- Other	
- If Other, Describe:	
10. Location of corrosion (select all that apply):	
- Low point in pipe	
- Elbow	
- Drop-out	
- Other	
- If Other, Describe:	
11. Was the gas/fluid treated with corrosion inhibitor or biocides?	
12. Were any liquids found in the distribution system where the Incident occurred?	
Complete the following if any Corrosion Failure sub-cause is selected AND the Question 2) is Main, Service, or Service Riser.	ne "Part of system involved in incident" (from PART C,
13. Date of the most recent Leak Survey conducted	
14. Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	
Most recent year tested:	
Test pressure:	
G2 - Natural Force Damage - only one sub-cause can be picked from sha	ded left-handed column
Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
Specify:	
- If Other, Specify:	
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Specify:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Specify:	
- If Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event?	
6.a If Yes, specify (select all that apply):	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Specify:	
G3 – Excavation Damage – only one sub-cause can be picked from shaded	d left-hand column
Excavation Damage – Sub-Cause:	
- If Previous Damage due to Excavation Activity: Complete the following O Question 2) is Main, Service, or Service Riser.	NLY IF the "Part of system involved in Incident" (from Part C,
Date of the most recent Leak Survey conducted	
Has one or more pressure test been conducted since original construction at the point of the Incident?	
- If Yes:	<u> </u>
Most recent year tested:	
Test pressure:	
rest pressure.	
Complete the following if Excavation Damage by Third Party is selected.	
3. Did the operator get prior notification of the excavation activity?	
3a. If Yes, Notification received from: (select all that apply):	,
- One-Call System	

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- Excavator	
- Contractor	
- Landowner	
Complete the following mandatory CGA-DIRT Program questions if any Exca	vation Damage sub-cause is selected.
Do you want PHMSA to upload the following information to CGA-DIRT (<u>www.cga-dirt.com</u>)?	
5. Right-of-Way where event occurred (select all that apply):	
- Public	
- If Public, Specify:	
- Private	
- If Private, Specify:	
- Pipeline Property/Easement	<u> </u>
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	
Type of excavator: Type of excavation equipment:	+
Type of excavation equipment : Type of work performed :	+
S. Type of work performed: Was the One-Call Center notified?	
9a. If Yes, specify ticket number:	
9b. If this is a State where more than a single One-Call Center exists, list	
the name of the One-Call Center notified:	
10. Type of Locator:	
11. Were facility locate marks visible in the area of excavation?	
12. Were facilities marked correctly?	
13. Did the damage cause an interruption in service?	
13a. If Yes, specify duration of the interruption:	
14. Description of the CGA-DIRT Root Cause (select only the one predominant	first level CGA-DIRT Root Cause and then, where available as a
choice, the one predominant second level CGA-DIRT Root Cause as well):	
- Root Cause Description:	
- If One-Call Notification Practices Not Sufficient, specify:	
 If Locating Practices Not Sufficient, specify: 	
If Excavation Practices Not Sufficient, specify:	
- If Other/None of the Above, explain:	
G4 - Other Outside Force Damage - only one sub-cause can be selected	from the shaded left-hand column
Other Outside Force Damage – Sub-Cause:	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Eng	aged in Excavation:
Vehicle/Equipment operated by:	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment of Mooring:	or Vessels Set Adrift or Which Have Otherwise Lost Their
2. Select one or more of the following IF an extreme weather event was a factor:	
- Hurricane	
- Tropical Storm	
- Tornado	_
- Heavy Rains/Flood	
- Other	
- If Other, Specify:	
- If Previous Mechanical Damage NOT Related to Excavation: Complete the Part C, Question 2) is Main, Service, or Service Riser.	following ONLY IF the "Part of system involved in Incident" (from
Date of the most recent Leak Survey conducted: Here are a recent Leak Survey conducted since original construction.	<u> </u>
Has one or more pressure test been conducted since original construction at the point of the Incident? # Year:	
- If Yes:	+
Most recent year tested: Test pressure (psig):	+
	<u> </u>
- If Intentional Damage:	T
5. Specify:	
- If Other, Specify:	<u> </u>
- If Other Outside Force Damage:	T
6. Describe:	

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G5 - Pipe, Weld, or Joint Failure - only one sub-cause can be selected fro	m the shaded left-hand column
Pipe, Weld or Joint Failure – Sub-Cause:	
- If Body of Pipe:	1
1. Specify:	
- If Other, Describe:	
- If Butt Weld:	
2. Specify:	
- If Other, Describe:	
- If Fillet Weld: 3. Specify:	T
- If Other, Describe:	
- If Pipe Seam:	
4. Specify:	
- If Other, Describe:	
- If Mechanical Fitting:	
Specify the mechanical fitting involved:	
- If Other, Describe:	
Specify the type of mechanical fitting:	
7. Manufacturer:	
8. Year manufactured:	
9. Year Installed:	
10. Other attributes:11. Specify the two materials being joined:	
11a. First material being joined:	
- If Other, Specify:	
11b. If Plastic, specify:	
- If Other Plastic, specify:	
11c. Second material being joined:	
- If Other, Specify:	
- If Other Plastic, Specify:	
12. If used on plastic pipe, did the fitting – as designed by the manufacturer –	
include restraint?	
12a. If Yes, specify:	
- If Compression Fitting:	
13. Fitting type: 14. Manufacturer:	
15. Year manufactured:	
16. Year installed:	
17. Other attributes:	
18. Specify the two materials being joined:	
18a. First material being joined: - If Other, specify:	
18b. If Plastic, specify:	
- If Other Plastic, specify:	
18c. Second material being joined:	
If Other, specify:	
18d. If Plastic, specify: - Other Plastic, specify:	
- If Fusion Joint:	
19. Specify:	
- If Other, Specify:	
20. Year installed:	
21. Other attributes:	
22. Specify the two materials being joined: 22a. First material being joined:	
- If Other, Specify:	
22b. Second material being joined:	
- If Other, Specify:	
- If Other Pipe, Weld, or Joint Failure:	
23. Describe:	

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Complete the following if any Pipe, Weld, or Joint Failure sub-cause is selected.		
24. Additional Factors (select all that apply):		
- Dent		
- Gouge		
- Pipe Bend		
- Arc Burn		
- Crack		
- Lack of Fusion		
- Lamination		
- Buckle		
- Wrinkle - Misalignment		
- Burnt Steel		
- Other		
- If Other, Specify:		
25. Was the Incident a result of:		
- Construction defect		
Specify:		
- Material defect		
Specify:		
- If Other, Specify:		
- Design defect		
- Previous damage		
26. Has one or more pressure test been conducted since original construction		
at the point of the Incident?		
- If Yes:		
Most recent year tested:		
Test pressure:		
G6 - Equipment Failure - only one sub-cause can be selected from the shad	had laft hand column	
Go - Equipment Failure - only one sub-cause can be selected from the shad	ded lett-flatid column	
Equipment Failure – Sub-Cause:		
- If Malfunction of Control/Relief Equipment:		
1. Specify:		
- Control Valve		
- Instrumentation		
- SCADA		
- Communications - Block Valve		
- Check Valve		
- Relief Valve		
- Power Failure		
- Stopple/Control Fitting		
- Pressure Regulator		
- Other		
- If Other, Specify:		
- If Threaded Connection Failure:		
2. Specify:		
- If Other, Specify:		
- If Non-threaded Connection Failure:		
3. Specify:		
- If Other, Specify:		
- If Valve:		
4. Specify:		
- If Other, Specify:		
4a. Valve type:		
4b. Manufactured by:		
4c. Year manufactured:		
- If Other Equipment Failure:		
5. Describe:		
J. Describe.		
G7 - Incorrect Operation - only one sub-cause can be selected from the sha	aded left-hand column	
Incorrect Operation Sub-Cause:		
- If Other Incorrect Operation:		
1. Describe:		

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Complete the following if any Incorrect Operation sub-cause is selected.	
2. Was this Incident related to: (select all that apply)	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other	
- If Other, Describe:	
3. What category type was the activity that caused the Incident:	
4. Was the task(s) that led to the Incident identified as a covered task in your	
Operator Qualification Program?	
4a. If Yes, were the individuals performing the task(s) qualified for the	
task(s)?	
G8 - Other Incident Cause - only one sub-cause can be selected from the solution of the Incident Cause - Sub-Cause:	shaded left-hand column Unknown
- If Miscellaneous:	
Describe:	
- If Unknown:	
2. Specify:	Still under investigation, cause of Incident to be determined* (*Supplemental Report required)
PART H - NARRATIVE DESCRIPTION OF THE INCIDENT	

On September 15, 2018 Dominion Energy Utah (DEU) was notified by the local fire department of gas odors at 3447 S 5600 W, West Valley City, Utah. Upon arrival to the site DEU crews found that the building had caught fire and the gas meter was damaged due to the fire. The service line to the building was isolated to stop the flow of gas from the damaged meter. Company reported the incident upon discovery.

DEU received an investigation report from the West Valley City Fire Department on December 13, 2018. DEU will finish the investigation while working with Utah Pipeline Safety and update the incident report accordingly after additional information is reviewed.

PART I - PREPARER AND AUTHORIZED SIGNATURE	
Preparer's Name	Lauren Skufca
Preparer's Title	Engineer-Pipeline Compliance
Preparer's Telephone Number	2166338865
Preparer's E-mail Address	lauren.l.skufca@dominionenergy.com
Preparer's Facsimile Number	
Authorize Signature's Name	Reid Hess
Authorized Signature's Title	Manager- Gas Operations
Authorized Signature's Email Address	reid.hess@dominionenergy.com

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