NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil pexceed 100,000 for each violation for each day that such violation persists except that the penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.	OMB NO: 2137-0629 EXPIRATION DATE: 10/31/2021	
	Initial Date Submitted:	03/12/2020
U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	Form Type:	INITIAL
	Date Submitted:	

ANNUAL REPORT FOR CALENDAR YEAR 2019 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 2137-0629. Public reporting for this collection of information is estimated to be approximately 16 hours per response, 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 http://www.phmsa.dot.gov/pipeline/library/forms.

PART A - OPERATOR INFORMATION	(DO1	Tuse only)		20201060-40350			
1. Name of Operator	HILDALE, CITY OF						
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)							
2a. Street Address		320 EAST N	EWEL AVE				
2b. City and County		HILDALE CI	TY				
2c. State		UT					
2d. Zip Code		84784					
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER		31158					
4. HEADQUARTERS NAME & ADDRESS							
4a. Street Address	320 EAST NEWEL AVE						
4b. City and County	HILDALE						
4c. State		UT					
4d. Zip Code	84784						
5. STATE IN WHICH SYSTEM OPERATES		UT					
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.)							
Natural 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.):							
Municipal Owned							

PART B - SYSTEM DESCRIPTION

1.GENERAL

		STI	EEL								
	UNPRO	TECTED	CATHODICALLY PROTECTED		PLASTIC	CAST/ WROUGHT	DUCTILE IRON	COPPER	OTHER	RECONDITION ED	SYSTEM TOTAL
	BARE	COATED	BARE	COATED		IRON				CAST IRON	
MILES OF MAIN	0	0	0	23	8	0	0	0	0	0	31
NO. OF SERVICES	0	0	0	0	260	0	0	0	0	0	260

	1										
MATERIAL	UNKNOWN	2" OR LES		OVER 2" THRU 4"	OVER 4" THRU 8"		OVER 8" THRU 12"	OVER 12	2"	SYSTEM TOTALS	
STEEL	0	0		0	23		0	0		23	
DUCTILE IRON	0	0		0	0		0	0		0	
COPPER	0	0		0	0		0	0		0	
CAST/WROUGHT IRON	0	0		0	0		0	0		0	
PLASTIC PVC	0	0		0	0		0	0		0	
PLASTIC PE	0	0		8	0		0	0		8	
PLASTIC ABS	0	0		0	0		0	0		0	
PLASTIC OTHER	0	0		0	0		0	0		0	
OTHER	0	0		0	0		0	0		0	
RECONDITIONED CAST IRON	0	0		0	0		0	0		0	
TOTAL	0	0		8	23		0	0		31	
Describe Other M	laterial:										
3.NUMBER OF SER	VICES IN SYSTEM A	AT END OF YEA	AR			AVER	AGE SERVICE L	ENGTH: 50			
MATERIAL	UNKNOWN	1" OR LES		OVER 1" THRU 2"	OVER 2" THRU 4"		OVER 4" THRU 8"		OVER 8"		
STEEL	0	0		0	0		0	0		0	
DUCTILE IRON 0		0		0	0		0	0		0	
COPPER	0	0	0		0		0	0		0	
CAST/WROUGHT IRON	0	0	0		0		0	0		0	
PLASTIC PVC	0	0		0	0		0	0		0	
PLASTIC PE	0	251		9	0		0 0			260	
PLASTIC ABS	0	0		0	0		0	0		0	
PLASTIC OTHER 0		0		0	0		0	0		0	
OTHER				0	0		0	0		0	
RECONDITIONED 0		0	0		0		0	0		0 260	
CAST IRON 0		251		9	0		0	0			
Describe Other Material:											
	ND NUMBER OF SE	RVICES BY DE	CADE OF IN	NSTALLATION							
				1							

MILES OF MAIN	0	0	0	0	0	0	0	0	31	0	31
NUMBER OF SERVICES	0	0	0	0	0	0	0	0	183	77	260

PART C - TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING THE YEAR

	MAINS	SERVICES		
TOTAL	HAZARDOUS	TOTAL	HAZARDOUS	
	TOTAL			

NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR : 0

PART D - EXCAVATION DAMAGE	PART E - EXCESS FLOW VALUE (EFV) AND SERVICE VALVE DATA
TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: _0	Total Number Of Services with EFV Installed During Year: 3
a. One-Call Notification Practices Not Sufficient: 0	Estimated Number Of Services with EFV In the System At End Of Year: $\underline{\bf 10}$
b. Locating Practices Not Sufficient: 0	* Total Number of Manual Service Line Shut-off Valves Installed During
c. Excavation Practices Not Sufficient: 0	Year: 0
d. Other: 0	* Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year: $\underline{0}$
	*These questions only pertain to reporting years 2017 & beyond.
2. NUMBER OF EXCAVATION TICKETS : 512	
PART F - LEAKS ON FEDERAL LAND	PART G-PERCENT OF UNACCOUNTED FOR GAS
TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED TO REPAIR: 0	UNACCOUNTED FOR GAS AS A PERCENT OF TOTAL CONSUMPTION FOR THE 12 MONTHS ENDING JUNE 30 OF THE REPORTING YEAR.
	[(PURCHASED GAS + PRODUCED GAS) MINUS (CUSTOMER USE + COMPANY USE + APPROPRIATE ADJUSTMENTS)] DIVIDED BY (CUSTOMER USE + COMPANY USE + APPROPRIATE ADJUSTMENTS) TIMES 100 EQUALS PERCENT UNACCOUNTED FOR.
	FOR YEAR ENDING 6/30:2%
PART H - ADDITIONAL INFORMATION	

PART I - PREPARER	
Weston Barlow,Utility Manager (Preparer's Name and Title)	(435)874-1160 (Area Code and Telephone Number)
gas@hildalecity.com (Preparer's email address)	(Area Code and Facsimile Number)