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:	02/23/2021
U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	Form Type:	INITIAL
	Date Submitted:	

## ANNUAL REPORT FOR CALENDAR YEAR 2020 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 <a href="http://www.phmsa.dot.gov/pipeline/library/forms">http://www.phmsa.dot.gov/pipeline/library/forms</a>.

PART A - OPERATOR INFORMATION	(DO1	use only)		20210435-41798			
1. Name of Operator	BLANDING, CITY OF						
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)							
2a. Street Address		50 WEST 10	00 SOUTH				
2b. City and County		BLANDING					
2c. State		UT					
2d. Zip Code		84511					
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER		30047					
4. HEADQUARTERS NAME & ADDRESS							
4a. Street Address		50 WEST 100 SOUTH					
4b. City and County		BLANDING					
4c. State		UT					
4d. Zip Code		84511					
5. STATE IN WHICH SYSTEM OPERATES		<b>U</b> T					
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	in to it			CAST IRON					
MILES OF MAIN	0	0	0	34.6	38	0	0	0	0	0	72.6				
NO. OF SERVICES	0	0	0	0	1136	0	0	0	0	0	1136				

	IILES OF MAINS II	SYSTEM AT END C	F YEAR				
MATERIAL	UNKNOWN	2" OR LESS	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8" THRU 12"	OVER 12"	SYSTEM TOTALS
STEEL	0	0.1	0	34.5	0	0	34.6
DUCTILE IRON	0	0	0	0	0	0	0
COPPER	0	0	0	0	0	0	0
CAST/WROUG T IRON	0	0	0	0	0	0	0
PLASTIC PVC	0	0	0	0	0	0	0
PLASTIC PE	0	35.1	2.9	0	0	0	38
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
RECONDITION D CAST IRON	0	0	0	0	0	0	0
TOTAL	0	35.2	2.9	34.5	0	0	72.6
Describe Oth	er Material:				I		l
		I I					
3.NUMBER OF	SERVICES IN SYST	EM AT END OF YEA	D	1	VED 4 OF OFFICE	LENGTH OF	
		LIII AI LIID OI ILA	IX.	*	VERAGE SERVICE	LENGTH: 90	
MATERIAL	UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	SYSTEM TOTALS
MATERIAL STEEL			OVER 1"	OVER 2"	OVER 4"		SYSTEM TOTALS
	UNKNOWN 0	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	
STEEL	UNKNOWN 0	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	<b>OVER 8</b> "	0
STEEL  DUCTILE IRON  COPPER	0 0 0	1" OR LESS  0  0	OVER 1" THRU 2" 0	OVER 2" THRU 4"	OVER 4" THRU 8" 0	OVER 8"  0  0	0
STEEL  DUCTILE IRON  COPPER  CAST/WROUG	0 0 0	0 0 0	OVER 1" THRU 2" 0	OVER 2" THRU 4" 0 0	OVER 4" THRU 8"  0  0	OVER 8"  0  0  0	0 0
STEEL  DUCTILE IRON  COPPER  CAST/WROUGH T IRON	0 0 0 0	0 0 0 0	OVER 1" THRU 2"  0  0  0	OVER 2" THRU 4"  0  0  0	OVER 4" THRU 8"  0  0  0  0	OVER 8"  0  0  0  0	0 0 0
STEEL  DUCTILE IRON  COPPER  CAST/WROUG T IRON  PLASTIC PVC	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0	OVER 1" THRU 2"  0  0  0  0  0	OVER 2" THRU 4"  0  0  0  0  0	OVER 4" THRU 8"  0  0  0  0  0	OVER 8"  0  0  0  0  0	0 0 0
STEEL  DUCTILE IRON  COPPER  CAST/WROUG T IRON  PLASTIC PVC  PLASTIC PE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 1117	OVER 1" THRU 2"  0  0  0  0  19	OVER 2" THRU 4"  0  0  0  0  0  0	OVER 4" THRU 8"  0  0  0  0  0  0	OVER 8"  0  0  0  0  0  0  0	0 0 0 0 0
STEEL  DUCTILE IRON  COPPER  CAST/WROUGH T IRON  PLASTIC PVC  PLASTIC PE  PLASTIC ABS  PLASTIC	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 1117 0 0	OVER 1" THRU 2"  0  0  0  0  19	OVER 2" THRU 4"  0  0  0  0  0  0  0	OVER 4" THRU 8"  0  0  0  0  0  0  0  0	OVER 8"  0  0  0  0  0  0  0  0  0	0 0 0 0 0 1136
STEEL  DUCTILE IRON  COPPER  CAST/WROUG T IRON  PLASTIC PVC  PLASTIC PE  PLASTIC ABS  PLASTIC OTHER	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 1117 0 0 0	OVER 1" THRU 2"  0  0  0  0  19  0	OVER 2" THRU 4"  0  0  0  0  0  0  0  0  0	OVER 4" THRU 8"  0  0  0  0  0  0  0  0  0  0	OVER 8"  0  0  0  0  0  0  0  0  0  0  0	0 0 0 0 0 1136
STEEL  DUCTILE IRON  COPPER  CAST/WROUG    T IRON  PLASTIC PVC  PLASTIC PE  PLASTIC ABS  PLASTIC OTHER  OTHER  RECONDITION	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1" OR LESS  0  0  0  0  1117  0  0  0	OVER 1" THRU 2"  0  0  0  0  19  0  0	OVER 2" THRU 4"  0  0  0  0  0  0  0  0  0  0  0	OVER 4" THRU 8"  0  0  0  0  0  0  0  0  0  0  0  0  0	OVER 8"  0  0  0  0  0  0  0  0  0  0  0  0  0	0 0 0 0 0 1136 0
STEEL  DUCTILE IRON  COPPER  CAST/WROUGH T IRON  PLASTIC PVC  PLASTIC PE  PLASTIC ABS  PLASTIC OTHER  OTHER  RECONDITION D CAST IRON  TOTAL	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1" OR LESS  0  0  0  0  0  1117  0  0  0  0	OVER 1" THRU 2"  0  0  0  0  19  0  0  0  19  0  0	OVER 2" THRU 4"  0  0  0  0  0  0  0  0  0  0  0  0  0	OVER 4" THRU 8"  0  0  0  0  0  0  0  0  0  0  0  0  0	OVER 8"  0  0  0  0  0  0  0  0  0  0  0  0  0	0 0 0 0 0 1136 0 0
STEEL  DUCTILE IRON  COPPER  CAST/WROUGH T IRON  PLASTIC PVC  PLASTIC PE  PLASTIC ABS  PLASTIC OTHER  OTHER  RECONDITION D CAST IRON  TOTAL  Describe Other	UNKNOWN	1" OR LESS  0  0  0  0  0  1117  0  0  0  0	OVER 1" THRU 2"  0  0  0  0  19  0  19  19	OVER 2" THRU 4"  0  0  0  0  0  0  0  0  0  0  0  0  0	OVER 4" THRU 8"  0  0  0  0  0  0  0  0  0  0  0  0  0	OVER 8"  0  0  0  0  0  0  0  0  0  0  0  0  0	0 0 0 0 1136 0 0

MILES OF MAIN	0	0	0	0	0	0	0	59.6	6	5.8	1.2	72.6
NUMBER OF SERVICES	0	0	0	0	0	0	0	864	135	115	22	1136

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

CAUSE OF LEAK		MAINS	SERVICES		
CAUSE OF LEAR	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS	
CORROSION FAILURE					
NATURAL FORCE DAMAGE					
EXCAVATION DAMAGE	1				
OTHER OUTSIDE FORCE DAMAGE					
PIPE, WELD OR JOINT FAILURE					
EQUIPMENT FAILURE					
INCORRECT OPERATIONS					
OTHER CAUSE					

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

NUMBER OF KNOWN STSTEM LEARS AT END OF TEAR SCHEDULED FOR REPAIR 10						
PART D - EXCAVATION DAMAGE	PART E - EXCESS FLOW VALUE (EFV) AND SERVICE VALVE DATA					
1. TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: _1	Total Number Of Services with EFV Installed During Year: 16					
a. One-Call Notification Practices Not Sufficient: 0	Estimated Number Of Services with EFV In the System At End Of Year: 83					
b. Locating Practices Not Sufficient: 0	* Total Number of Manual Service Line Shut-off Valves Installed During					
c. Excavation Practices Not Sufficient: 1	Year: 0					
d. Other: 0	* Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year: 0					
	*These questions were added to the report in 2017.					
2. NUMBER OF EXCAVATION TICKETS : 333						
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 6/30:1.5%					
PART H - ADDITIONAL INFORMATION						

PART I - PREPARER	
Terry Ekker,operator (Preparer's Name and Title)	(435) 678-2791 (Area Code and Telephone Number)
tekker@blanding-ut.gov (Preparer's email address)	(Area Code and Facsimile Number)