NOTICE: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty OMB No. 2137-0629 as provided in 49 USC 60122.

> **Initial Date** 03/14/2024 Submitted: **Report Submission** INITIAL **Type**

OMB NO: 2137-0629 EXPIRATION DATE: 6/30/2026

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

ANNUAL REPORT FOR CALENDAR **YEAR 2023 GAS DISTRIBUTION SYSTEM**

Date Submitted:

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 20 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	(DO	T use only)		20241079-60517		
1. Name of Operator	LEVAN TOWN					
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY	AINED)					
2a. Street Address	20 north main po box 40					
2b. City and County		levan Juab				
2c. State		UT				
2d. Zip Code		84639				
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER		30508				
4. HEADQUARTERS NAME & ADDRESS						
4a. Street Address	20 NORTH MAIN					
4b. City and County		LEVAN				
4c. State		UT				
4d. Zip Code		84639				
5. STATE IN WHICH SYSTEM OPERATES		UT				
6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GRO complete the report for that Commodity Group. File a separate report for				ninant gas carried and		
Natural Gas						
7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERAT included in this OPID for which this report is being submitted.):	Γ OR (Sele	ct Type of Ope	rator based on the structure	e of the company		
Municipal Owned						

PART B - SYSTEM DESCRIPTION

1.GENERAL

			EEL								
	UNPROTECTED CATHODICALLY PROTECTED				PLASTIC	CAST/ DUCTILE WROUGHT IRON			R OTHER	RECONDITION ED CAST IRON	SYSTEM TOTAL
	BARE	COATED	BARE	COATED]						
MILES OF MAIN	0	0	0	0	21.38	0	0	0	0	0	21.38
NO. OF SERVICES	0	0	0	0	360	0	0	0	0	0	360

0.21

0.21

2" OR LESS

21.17

21.17

OVER 2" THRU 4" OVER 4" THRU 8"

OVER 8" THRU 12"

2. MILES OF MAINS IN SYSTEM AT END OF YEAR

UNKNOWN

MATERIAL

STEEL

DUCTILE IRON

COPPER

CAST/WROUGHT

IRON
PLASTIC PVC

PLASTIC PE

PLASTIC ABS

PLASTIC OTHER

OTHER

RECONDITIONED

CAST IRON TOTAL

Describe Of	ther Material:						
3.NUMBER OF SER	RVICES IN SYSTEM A	T END OF YEAR		AVERAGE SERVICE LE			
MATERIAL	UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	SYSTEM TOTALS
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	360	0	0	0	0	360
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	360	0	0	0	0	360
Describe Other Material:							

4.MILES OF MAIN AND NUMBER OF SERVICES BY DECADE OF INSTALLATION

	UNKNOWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2009	2010-2019	2020-2029	TOTAL
MILES OF MAIN	0	0	0	0	0	0	0	19	0.8	0.84	0.57	21.21
NUMBER OF SERVICES	0	0	0	0	0	0	0	282	29	27	22	360

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

NOTICE: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty OMB No. 2137-0629 as provided in 49 USC 60122.

OMB NO: 2137-0629 EXPIRATION DATE: 6/30/2026

CAUSE OF LEAK	M	AINS	SERVICES			
CAUSE OF LEAR	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS		
CORROSION FAILURE						
NATURAL FORCE DAMAGE						
EXCAVATION DAMAGE						
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 HAZARDOUS LEAKS INVOLVING A MECHANICAL JOINT FAILURE : 0 $\,$

PART D - EXCAVATION DAMAGE	PART E – RESERVED
1. TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: $\underline{0}$	
a. One-Call Notification Practices Not Sufficient: 0	
b. Locating Practices Not Sufficient: 0	
c. Excavation Practices Not Sufficient: 0	
d. Other:	
2. NUMBER OF EXCAVATION TICKETS 141	
2. NOMBER OF EXOLUTION HORETO 141	
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: $\underline{0}$	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: 0%

PART H - ADDITIONAL INFORMATION

travis rosquist operator

(Preparer's Name and Title)

Travis@levantown.com

(Preparer's email address)

PART I - PREPARER

(435) 623-1959

(Area Code and Telephone Number)

(435) 623-2730

(Area Code and Facsimile Number)

Form PHMSA F 7100.1-1 (rev 5-2021)