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
Submitted:

Report Submission
Type

03/12/2024

INITIAL

Date Submitted:

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

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

ANNUAL REPORT FOR CALENDAR YEAR 2023 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 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)		20240931-59161			
1. Name of Operator	MONA TOWN						
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MA	INED)						
2a. Street Address	20 West Center						
2b. City and County		Mona Juab	Mona Juab				
2c. State		UT					
2d. Zip Code	84645						
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER	30509						
4. HEADQUARTERS NAME & ADDRESS							
4a. Street Address	20 WEST CENTER						
4b. City and County	MONA						
4c. State		UT					
4d. Zip Code	84645						
5. STATE IN WHICH SYSTEM OPERATES		υτ					
6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GF 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 OPERA included in this OPID for which this report is being submitted.):	ATOR (Sele	ct Type of Ope	rator based on the structure	e of the company			
Municipal Owned							

PART B - SYSTEM DESCRIPTION

1 CEN	IERAL

	STEEL UNPROTECTED CATHODICALLY		CATHODICALLY				PLASTIC	CAST/	DUCTILE	COPPER	OTHER	RECONDITION	SYSTEM
			PROTI	ECTED		WROUGHT IRON	IRON			ED CAST IRON	TOTAL		
	BARE	COATED	BARE	COATED									
MILES OF MAIN	0	0	0	0	25	0	0	0	0	0	25		
NO. OF SERVICES	0	0	0	0	649	0	0	0	0	0	649		

OVER 1"

THRU 2"

OVER 2"

THRU 4"

2" OR LESS

1" OR LESS

2. MILES OF MAINS IN SYSTEM AT END OF YEAR

UNKNOWN

UNKNOWN

3.NUMBER OF SERVICES IN SYSTEM AT END OF YEAR

Describe Other Material:

MATERIAL

STEEL

DUCTILE IRON

COPPER

CAST/WROUGHT

IRON PLASTIC PVC

PLASTIC PE

PLASTIC ABS

PLASTIC OTHER

OTHER

RECONDITIONED

CAST IRON TOTAL

MATERIAL

DUCTILE IRON

STEEL

COPPER

NUMBER

SERVICES

CAST/WROU	IGHT 0		0	0 0		0			0			0	0	
PLASTIC PV	ASTIC PVC 0 0		(0		0		0			0	0		
PLASTIC PE	ASTIC PE 0 642			7		0		0			649	649		
PLASTIC AB	LASTIC ABS 0 0		(0		0		0 0			0	0		
PLASTIC OT	PLASTIC OTHER 0 0			0		0		0 0			0	0		
OTHER	THER 0 0			0		0		0			0	0		
RECONDITION CAST IRON	RECONDITIONED 0 0			0		0		0	0		0	0		
TOTAL	TOTAL 0 642			7 0			0 0			649				
Describe Oth	ner Material:													
4.MILES OF	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	14	8.2	1.446	1.4	25.046	

OVER 4" THRU 8"

OVER 4"

THRU 8"

AVERAGE SERVICE LENGTH: 95

OVER 2"

THRU 4"

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CAUSE OF LEAK	MA	AINS	SERVICES			
GAGGE OF ELAK	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS		
CORROSION FAILURE	0	0	0	0		
NATURAL FORCE DAMAGE	0	0	0	0		
EXCAVATION DAMAGE	0	0	0	0		
OTHER OUTSIDE FORCE DAMAGE	0	0	0	0		
PIPE, WELD OR JOINT FAILURE	0	0	0	0		
EQUIPMENT FAILURE	0	0	0	0		
INCORRECT OPERATIONS	0	0	0	0		
OTHER CAUSE	0	0	0	0		

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: 0	
2. NUMBER OF EXCAVATION TICKETS 170	
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: 0%

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PART H - ADDITIONAL INFORMATION					
PART I - PREPARER					
Chad Phillips Operator	<u>(</u> 435) 623-4913				
(Preparer's Name and Title)	(Area Code and Telephone Number)				
chad@monacity.org	(435) 623-4320				
(Preparer's email address)	(Area Code and Facsimile Number)				