			Initial Date Submitted:	03/11/2024		
2	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	ANNUAL REPORT FOR CALENDAR YEAR 2023 GAS DISTRIBUTION SYSTEM	Report Submission Type	INITIAL		
			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						

Information subject to the requirements of the Papervork 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 INFORMATI	(DOT	use only)			20240825	-58259				
1. Name	of Operator	BLANDING, CITY OF									
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)											
	2a. Street Address					0 W 100 S					
	2b. City and County				BLANDING USA						
	2c. State				UT						
	2d. Zip Code				84511						
3. OPER	ATOR'S 5 DIGIT IDENTIF	ICATION NUMBER			30047						
4. HEAD	QUARTERS NAME & ADI	DRESS									
	4a. Street Address				50 WEST 100 SOUTH						
	4b. City and County		BLANDING								
	4c. State	UT									
	4d. Zip Code					84511					
5. STATE	IN WHICH SYSTEM OP		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.)							arried and				
Natural G	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					-						
	STEEL										
	UNPROTECTED	CATHODICALLY PROTECTED	PLASTIC	CAST/ WROUGH1	DUCTILE IRON	COPPER	OTHER	RECONDITION ED	SYSTEM TOTAL		

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.

2. MILES OF MAINS IN SYSTEM AT END OF YEAR

MATERI	AL	UNKNOWN	2" OF	LESS	OVER 2" THRU 4"		OVER 4" THRU 8"	OVEI THRU		OVER 12"	SYST	EM TOTALS
STEEL	-	0	0.1		0	34.5		0	0		34.6	
DUCTILE I	RON	0	0		0	0		0		0		
COPPE	R	0	0		0			0	0	0		
CAST/WROUGHT 0 0			0			0 0		0				
PLASTIC	PVC	0	0		0			0		0		
PLASTIC	PE	0	35.9		2.9			0			38.8	
PLASTIC	ABS	0	0		0			0			0	
PLASTIC O	THER	0	0		0	0		0		0		
OTHER	२ 🗌	0	0		0	0		0	0 0		0	
RECONDITIONED 0 CAST IRON		0		0			0	0 0		0		
TOTAL 0		36		2.9			0 0		0 73.			
Descr	ribe Other I	Material:				•		•			•	
3.NUMBER	OF SERVICE	S IN SYSTEM	I AT END OF	YEAR		AVERAG	E SERVICE LI	ENGTH: 90				
MATERIAL		UNKNOWN	1" OF	RLESS	OVER 1" THRU 2"		OVER 2" THRU 4"	OVE		OVER 8"	SYST	EM TOTAL
STEEL 0		0	0 0		0		0		0 0		0	
DUCTILE IRON 0		0		0			0		0			
COPPER 0			0	0 0		0		0	0		0	
CAST/WROU IRON	JGHT 0		0		0	0		0	0		0	
PLASTIC PV	/C 0		0		0	0		0	0		0	
PLASTIC PE 0			1156		19			0			1175	
PLASTIC AE	3S 0		0		0	0		0	0		0	
PLASTIC OT	THER 0		0		0	0		0	0		0	
OTHER	0		0		0	0		0	0		0	
RECONDITIC	ONED 0		0		0	0		0	0		0	
TOTAL 0			1156		19	0	0		0		1175	
Describe Ot	her Material:											
		UMBER OF	SERVICES B	Y DECADE	OF INSTALLA	TION						
4.MILES OF	1	PRE-1940	1940-1949	1950-1959	1960-1969	1970-197	1980-1989	1990-1999	2000-2009	2010-2019	2020-2029	ΤΟΤΑΙ
4.MILES OF	UNKNOWN							1	1		1	
4.MILES OF MILES OF MAIN	UNKNOWN 0	0	0	0	0	0	0	59.6	6	5.8	2	73.4

	МА	INS	SERVICES		
CAUSE OF LEAK	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS	
CORROSION FAILURE					
NATURAL FORCE DAMAGE					
EXCAVATION DAMAGE	1		3		
OTHER OUTSIDE FORCE DAMAGE			1		
PIPE, WELD OR JOINT FAILURE		1			
EQUIPMENT FAILURE					
INCORRECT OPERATIONS					
OTHER CAUSE					
NUMBER OF KNOWN SYSTEM LEAKS AT NUMBER OF HAZARDOUS LEAKS INVOL					
PART D - EXCAVATION DAMAGE		PART E – RESERVED			
1. TOTAL NUMBER OF EXCAVATION I ROOT CAUSE: <u>3</u> a. One-Call Notification Practices Not S					
b. Locating Practices Not Sufficient:					
c. Excavation Practices Not Sufficient:	2				
d. Other <u>: 0</u>					
2. NUMBER OF EXCAVATION TICKET					
PART F - LEAKS ON FEDERAL LAND	PART G - PERCENT C	OF UNACCOUNTED FOR G	AS		
TOTAL NUMBER OF LEAKS ON FEDE SCHEDULED TO REPAIR: <u>0</u>	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: <u>1.15%</u>				

PART H - ADDITIONAL INFORMATION						
PART I - PREPARER						
Patrick Parsons Operator	(435) 678-2791					
(Preparer's Name and Title)	(Area Code and Telephone Number)					
	(000) 000 0000					
pparsons@blanding-ut.gov	<u>(000) 000-0000</u>					
(Preparer's email address)	(Area Code and Facsimile Number)					