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

O3/15/2024

INITIAL

Date Submitted:

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

2

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	Γ use only)		20241297-61179			
1. Name of Operator	HILDALE, CITY OF						
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY	BE OBTA	INED)					
2a. Street Address	320 EAST NEWEL AVE						
2b. City and County	HILDALE CIT	Y Washington					
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		U Т					
4d. Zip Code	84784						
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 6	UP (Sele	ct Commodity (modity Group i	Group based on the predon ncluded in this OPID.)	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.):	OR (Sele	ct Type of Ope	rator based on the structure	e of the company			
Municipal Owned							

PART B - SYSTEM DESCRIPTION

1	.G	F	NI	FI	D.	Δ	

	STEEL UNPROTECTED CATHODICALLY PROTECTED		PLASTIC	CAST/	DUCTILE	COPPER	OTHER	RECONDITION	SYSTEM		
			PROTECTED			WROUGHT IRON	IRON			ED CAST IRON	TOTAL
	BARE	COATED	BARE	COATED							
MILES OF MAIN	0	0	0	23	10	0	0	0	0	0	33
NO. OF SERVICES	0	0	0	0	299	0	0	0	0	0	299

0

2" OR LESS

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

0

OVER 2" THRU 4"

OVER 4" THRU 8"

23

OVER 8" THRU 12"

0

2. MILES OF MAINS IN SYSTEM AT END OF YEAR

UNKNOWN

0

MATERIAL

STEEL

OMB NO: 2137-0629 EXPIRATION DATE: 6/30/2026 **OVER 12**" SYSTEM TOTALS 0 23 Τn Τn

	I .		1						1	I .		I .		
DUCTILE IF	RON	0	0		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	0			
PLASTIC P	PVC	0	0		0	0	0		0			0		
PLASTIC	PE	0	7		3	0			0	0		10		
PLASTIC A	ABS	0	0		0	0			0	0		0		
PLASTIC OT	HER	0	0		0	0			0	0		0		
OTHER		0	0		0	0			0	0		0		
RECONDITION CAST IRC		0	0		0				0	0	ı	0		
TOTAL		0	7	7 3		23	3		0	0	ı	33		
Descri	be Other N	laterial:												
3.NUMBER O	3.NUMBER OF SERVICES IN SYSTEM AT END OF YEAR					AVER	AGE :	SERVICE LE	NGTH: 50					
MATERIAL	ı	JNKNOWN	1" OR LESS		OVER 1" THRU 2"		OVER 2" THRU 4"		OVER THRU		OVER 8"		SYSTEM TOTALS	
STEEL	0		0	0 0		0 0			0		0		0	
DUCTILE IRC	ON 0		0	0 0		0	0 0		0	0		0		
COPPER	0		0	0 0		0	0 0		0	0		0		
CAST/WROU IRON	GHT 0		0 (0		ı		0	0	ı	0		
PLASTIC PV	ASTIC PVC 0 0			0	0			0	0	ı	0			
PLASTIC PE	0		290	!	9	0	0		0	0	ı	299		
PLASTIC AB	s 0		0		0		0		0		0		0	
PLASTIC OT	HER 0		0		0	0	0		0 0		0		0	
OTHER	0		0		0	0	1		0		0		0	
RECONDITION CAST IRON			ı		0	0 0		0						
TOTAL 0 290			9		0		0		0		299			
Describe Other Material:														
4.MILES OF	MAIN AND N	UMBER OF	SERVICES B	Y DECADE (OF INSTALLA	TION								
	UNKNOWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-19	979	1980-1989	1990-1999	2000-2009	2010-2019	2020-202	9 TOTAL	
MILES OF MAIN	0	0	0	0	0	0		0	0	31	0	2	33	
NUMBER OF	0	0	0	0	0	0		0	0	183	78	38	299	

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CAUSE OF LEAK	MA	INS	SERVICES					
CAUSE OF LEAR	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:	
d. Other:	
2. NUMBER OF EXCAVATION TICKETS <u>281</u>	
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%
	1

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PART H - ADDITIONAL INFORMATION							
PART I - PREPARER							
Mitchel Jessop Operator	<u>(435) 874-1160</u>						
(Preparer's Name and Title)	(Area Code and Telephone Number)						
mitchelj@hildalecity.com	(000) 000-0000						
(Preparer's email address)	(Area Code and Facsimile Number)						