

 U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	<b>ANNUAL REPORT FOR CALENDAR YEAR 2025 GAS DISTRIBUTION SYSTEM</b>	Initial Date Submitted:	02/24/2026
		Report Submission Type	SUPPLEMENTAL
		Date Submitted:	03/05/2026

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**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>.

<b>PART A - OPERATOR INFORMATION</b>		<b>(DOT use only)</b>		20260430-80680	
1. Name of Operator			MONA TOWN		
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)					
2a. Street Address			20 West Center		
2b. City and County			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			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.)					
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					

<b>PART B - SYSTEM DESCRIPTION</b>											
<b>1.GENERAL</b>											
	STEEL				PLASTIC	CAST/ WROUGHT IRON	DUCTILE IRON	COPPER	OTHER	RECONDITION ED CAST IRON	SYSTEM TOTAL
	UNPROTECTED		CATHODICALLY PROTECTED								
	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	663	0	0	0	0	0	663

2. MILES OF MAINS IN SYSTEM AT END OF 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	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	24	1	0	0	0	25
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	24	1	0	0	0	25

Describe Other Material:

3. NUMBER OF SERVICES IN SYSTEM AT END OF YEAR				AVERAGE SERVICE LENGTH: 95			
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	656	7	0	0	0	663
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	656	7	0	0	0	663

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	14	8.2	1.446	1.4	25.046
NUMBER OF SERVICES	0	0	0	0	0	0	0	285	241	86	51	663

PART C - TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING THE YEAR				
CAUSE OF LEAK	MAINS		SERVICES	
	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS
CORROSION FAILURE				
NATURAL FORCE DAMAGE				
EXCAVATION DAMAGE			2	2
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**

<b>Notification Issue Sub-Total</b>		<b>Location Issue Sub-Total</b>	
No notification made to the One-Call Center/811		Facility not marked due to Abandoned facility	1
Excavator dug outside area described on ticket		Facility not marked due to Incorrect facility records/maps	
Excavator dug prior to valid start date/time		Facility not marked due to Locator error	1
Excavator dug after valid ticket expired		Facility not marked due to No response from operator/contract locator	
Excavator provided incorrect notification information		Facility not marked due to Incomplete marks at damage location	
		Facility not marked due to Tracer wire issue	
<b>Excavation Issue Sub-Total</b>	1	Facility not marked due to Unlocatable Facility	
Excavator dug prior to verifying marks by test-hole (pothole)		Facility marked inaccurately due to Abandoned facility	
Excavator failed to maintain clearance after verifying marks	1	Facility marked inaccurately due to Incorrect facility records/maps	
Excavator failed to protect/shore/support facilities		Facility marked inaccurately due to Locator error	
Improper backfilling practices		Facility marked inaccurately due to Tracer wire issue	
Marks faded or not maintained			
Improper excavation practice not listed above			
<b>Miscellaneous Root Causes Sub-Total</b>			
Deteriorated facility			
One Call Center Error			
Previous damage		1. Total Excavation Damages	2
Root Cause not listed		2. Number of Excavation Tickets	485

PART E – RESERVED	
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: <u>0</u>	<p>UNACCOUNTED FOR GAS AS A PERCENT OF TOTAL CONSUMPTION FOR THE 12 MONTHS ENDING JUNE 30 OF THE REPORTING YEAR.</p> <p>[(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.</p> <p>FOR YEAR ENDING 6/30: <u>1%</u></p>
PART H - ADDITIONAL INFORMATION	
PART I - PREPARER	
<u>Zach Larsen</u> (Preparer's Name and Title)	<u>(000) 000-0000</u> (Area Code and Telephone Number)
<u>zachlarsen@nephi.utah.gov</u> (Preparer's email address)	<u>(000) 000-0000</u> (Area Code and Facsimile Number)