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** 02/23/2023 Submitted: **Report Submission** INITIAL **Type**

OMB NO: 2137-0629 EXPIRATION DATE: 5/31/2024

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

ANNUAL REPORT FOR CALENDAR **YEAR 2022 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 16 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) | | 20230460-49957 | | |
|---|-----------------------|----------------------------------|---|------------------------|--|--|
| 1. Name of Operator | ALPINE NATURAL GAS | | | | | |
| 2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY | BE OBTA | INED) | | | | |
| 2a. Street Address | PO BOX 550 | | | | | |
| 2b. City and County | | VALLEY SPR | RINGS Calaveras | | | |
| 2c. State | | CA | | | | |
| 2d. Zip Code | | 95252 | | | | |
| 3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER | 31515 | | | | | |
| 4. HEADQUARTERS NAME & ADDRESS | | | | | | |
| 4a. Street Address | 15 ST ANDREWS RD #7 | | | | | |
| 4b. City and County | | VALLEY SPRINGS | | | | |
| 4c. State | | CA | | | | |
| 4d. Zip Code | | 95252 | | | | |
| 5. STATE IN WHICH SYSTEM OPERATES | | CA | | | | |
| 6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP Complete the report for that Commodity Group. File a separate report for | OUP (Sele each Com | 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 OPERA included in this OPID for which this report is being submitted.): | TOR (Sele | ct Type of Ope | rator based on the structure | e of the company | | |
| Privately Owned | | | | | | |

| | _ | ->/- | |
|------|------------|--------|-------------|
| PART | B - | SYSTEM | DESCRIPTION |

| 1 | .G | F | NI | FI | D. | Δ | |
|---|----|---|----|----|----|---|--|

| | | STEEL | | | | | | | | | |
|--------------------|------------------------------------|--------|------|--------|---------|--------------------------|-----------------|--------|-------|--------------------------------|-----------------|
| | UNPROTECTED CATHODICALLY PROTECTED | | - | | PLASTIC | CAST/ WROUGHT IRON | DUCTILE IRON | COPPER | OTHER | RECONDITION ED CAST IRON | SYSTEM TOTAL |
| | BARE | COATED | BARE | COATED | | | | | | | |
| MILES OF MAIN | | | | 0.01 | 42.46 | 0 | 0 | 0 | 0 | 0 | 42.47 |
| NO. OF SERVICES | | | | 0 | 1757 | 0 | 0 | 0 | 0 | 0 | 1757 |

OVER 2"

THRU 4"

0.01

3.58

OVER 1"

THRU 2"

3.57

OVER 4"

THRU 8"

AVERAGE SERVICE LENGTH: 93.81

OVER 2"

THRU 4"

5.66

5.66

2" OR LESS

33.23

1" OR LESS

33.23

2. MILES OF MAINS IN SYSTEM AT END OF YEAR

UNKNOWN

3.NUMBER OF SERVICES IN SYSTEM AT END OF YEAR

UNKNOWN

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

CAST/WROUGHT

STEEL

COOPER

PLASTIC PE

PLASTIC ABS

OTHER

TOTAL

CAST IRON

PLASTIC OTHER

RECONDITIONED

Describe Other Material:

PLASTIC PVC

| 4.MILES OF MAIN AND NUMBER | OF CEDVICES BY | A DECADE OF INCTAL | LATION |
|----------------------------|----------------|---------------------|--------|
| 4.WILES OF MAIN AND NUMBER | OF SERVICES BY | I DECADE OF INSTALI | LATION |

| | 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 | 0 | 33.65 | 8.72 | 0 | 42.37 |
| NUMBER OF SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1249 | 461 | 47 | 1757 |

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

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| CAUSE OF LEAK | MA | AINS | 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 | 4 | 4 | |
| 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 – EXCESS FLOW VALUE (EFV) AND SERVICE VALUE DATA |
|--|---|
| 1. TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: 4 | Total Number Of Services with EFV Installed During Year : 18 |
| a. One-Call Notification Practices Not Sufficient: 0 | Estimated Number Of Services with EFV In the System At End Of Year: 320 |
| b. Locating Practices Not Sufficient: 0 | * Total Number of Manual Service Line Shut-off Valves Installed During Year: $\underline{0}$ |
| c. Excavation Practices Not Sufficient: 0 | |
| d. Other: 4 | * Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year: 1 |
| | *These questions were added to the report in 2017. |
| | |
| 2. NUBMER OF EXCAVATION TICKETS 632 | |
| 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: 1.14% |

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| PART H - ADDITIONAL INFORMATION | | | | | |
|---------------------------------|----------------------------------|--|--|--|--|
| | | | | | |
| PART I - PREPARER | | | | | |
| | | | | | |
| | | | | | |
| Michael Lamond operator | <u>(209) 772-3006</u> | | | | |
| (Preparer's Name and Title) | (Area Code and Telephone Number) | | | | |
| | | | | | |
| | | | | | |
| mike@alpinenaturalgas.com | <u>(209) 772-3008</u> | | | | |
| (Preparer's email address) | (Area Code and Facsimile Number) | | | | |