			Initial Date Submitted:	03/07/2023			
U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration ANNUAL REPORT FOR YEAR 202 GAS DISTRIBUTION		2022	Report Submissio	n 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 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	(E	OT use only)		20230700-51026			
1. Name of Operator		WEST COAS	T GAS CO INC				
2. LOCATION OF OFFICE (WHERE ADDITIONAL	INFORMATION MAY BE OB						
Υ.		TAINED)					
2a. Street Address		9203 Beatty [Drive				
, ,		,	Drive				
2a. Street Address		9203 Beatty I	Drive				
2a. Street Address 2b. City and County		9203 Beatty I Sacramento	Drive				
2a. Street Address 2b. City and County 2c. State		9203 Beatty I Sacramento CA	Drive				
2a. Street Address 2b. City and County 2c. State 2d. Zip Code		9203 Beatty I Sacramento CA 95826	Drive				
2a. Street Address 2b. City and County 2c. State 2d. Zip Code 3. OPERATOR'S 5 DIGIT IDENTIFICATION NUM		9203 Beatty I Sacramento CA 95826					
2a. Street Address 2b. City and County 2c. State 2d. Zip Code 3. OPERATOR'S 5 DIGIT IDENTIFICATION NUM 4. HEADQUARTERS NAME & ADDRESS		9203 Beatty I Sacramento CA 95826 31267	Y DRIVE				
2a. Street Address 2b. City and County 2c. State 2d. Zip Code 3. OPERATOR'S 5 DIGIT IDENTIFICATION NUM 4. HEADQUARTERS NAME & ADDRESS 4a. Street Address		9203 Beatty I Sacramento CA 95826 31267 9203 BEATT	Y DRIVE				
2a. Street Address 2b. City and County 2c. State 2d. Zip Code 3. OPERATOR'S 5 DIGIT IDENTIFICATION NUM 4. HEADQUARTERS NAME & ADDRESS 4a. Street Address 4b. City and County		9203 Beatty I Sacramento CA 95826 31267 9203 BEATT SACRAMEN	Y DRIVE				

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.):

Privately Owned

PART B - SYSTEM DESCRIPTION

1.GENERAL STEEL UNPROTECTED CATHODICALLY PLASTIC CAST/ DUCTILE COPPER OTHER RECONDITION SYSTEM PROTECTED WROUGHT IRON ED TOTAL IRON CAST IRON BARE COATED BARE COATED MILES OF 0 0 0 26 14 0 0 0 0 0 40 MAIN NO. OF 0 0 82 1308 0 0 0 0 0 1390 0 SERVICES

2. MILES OF MAINS IN SYSTEM AT END OF YEAR

MATERI	AL	JNKNOWN	2" OR	LESS	OVER 2" THRU 4"		OVER 4" THRU 8"	OVEF THRU		OVER 12 "	SYSTE	EM TOTAL
STEEL		0	6		15	5		0	0		26	
DUCTILE I	RON	0	0		0	0		0	0		0	
COPPE	R	0	0		0	0		0	0		0	
CAST/WRO	UGHT	0	0		0	0		0	0		0	
PLASTIC I	PVC	0	0		0	0		0	0		0	
PLASTIC	PE	0	0		14	0		0	0		14	
PLASTIC A	ABS	0	0		0	0		0	0		0	
PLASTIC O	THER	0	0		0	0		0	0		0	
OTHER	2	0	0		0	0		0	0		0	
RECONDITI		0	0		0	0		0	0		0	
TOTAL		0	6	:	29	5		0	0		40	
Descr	ibe Other M	laterial:		•		•		•	•		•	
.NUMBER C	OF SERVICE	S IN SYSTEM	AT END OF	YEAR		AVERA	GE SERVICE LI	ENGTH: 46				
IATERIAL		JNKNOWN	1" OF	LESS	OVER 1" THRU 2"		OVER 2" THRU 4"	OVEF THRU		OVER 8"	SYST	ΕΜ ΤΟΤΑΙ
STEEL	0		0		82	0		0	0		82	
UCTILE IR	0 AC		0		0	0		0	0		0	
OOPER	0		0		0	0		0	0		0	
CAST/WROL	JGHT 0		0		0	0		0	0		0	
PLASTIC PV	c 0		0		0	0		0	0		0	
PLASTIC PE	0		1271	:	36	1		0	0		1308	
PLASTIC AB	S 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	
RECONDITIC	ONED 0		0		0	0		0	0		0	
	0		1271		118	1		0	0		1390	
TOTAL								-	· ·			
TOTAL	ner Material:											
TOTAL Describe Oth		UMBER OF S	SERVICES B	Y DECADE O	OF INSTALLA	TION						
OTAL Describe Oth			SERVICES B 1940-1949			1970-197	9 1980-1989	1990-1999	2000-2009	2010-2019	2020-2029	тота
OTAL Describe Oth	MAIN AND N					-	9 1980-1989 0	1990-1999 0	2000-2009 10	2010-2019 0	2020-2029 0	TOTA

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.

CAUSE OF LEAK	MAINS		SERVICES				
	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS			
CORROSION FAILURE	0	0	0	0			
NATURAL FORCE DAMAGE 0		0	0				
EXCAVATION DAMAGE	0	0	0				
OTHER OUTSIDE FORCE DAMAGE	0	0 0					
PIPE, WELD OR JOINT FAILURE 0		0	0 0				
EQUIPMENT FAILURE	EQUIPMENT FAILURE 0		0	0			
INCORRECT OPERATIONS	0	0	0	0			
OTHER CAUSE	0	0	0	0			
NUMBER OF KNOWN SYSTEM LEAKS AT EN NUMBER OF HAZARDOUS LEAKS INVOLVIN PART D - EXCAVATION DAMAGE		NT FAILURE : 0	OW VALUE (EFV) AND S				
1. TOTAL NUMBER OF EXCAVATION DAT ROOT CAUSE: $\underline{0}$	AGES BY APPAREN	Total Number Of Servic	es with EFV Installed Duri	ng Year :_0			
a. One-Call Notification Practices Not Sufficient: 0 b. Locating Practices Not Sufficient: 0		Estimated Number Of S	Estimated Number Of Services with EFV In the System At End Of Year: $\underline{0}$				
		* Total Number of Manu 0	* Total Number of Manual Service Line Shut-off Valves Installed During Yea $\underline{0}$				
c. Excavation Practices Not Sufficient: 0							
d. Other <u>: 0</u>		Installed in the System a	* Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year: <u>0</u> * <i>These questions were added to the report in 2017.</i>				
2. NUBMER OF EXCAVATION TICKETS 3	<u>01</u>						
				<u></u>			
PART F - LEAKS ON FEDERAL LAND		PART G - PERCENT G	OF UNACCOUNTED FOR	GAS			
TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED TO REPAIR: 0		UNACCOUNTED FOR FOR THE 12 MONTHS [(PURCHASED GAS + COMPANY USE + APP (CUSTOMER USE + CO TIMES 100 EQUALS PE	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>1.07%</u>				

PART H - ADDITIONAL INFORMATION						
PART I - PREPARER						
Cynthia Morris Administrator	<u>(916) 364-4100</u>					
(Preparer's Name and Title)	(Area Code and Telephone Number)					
westgas@aol.com	<u>(916) 364-4200</u>					
(Preparer's email address)	(Area Code and Facsimile Number)					