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

O2/10/2022

INITIAL

OMB NO: 2137-0629

EXPIRATION DATE: 5/31/2024

0

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

ANNUAL REPORT FOR CALENDAR YEAR 2021 GAS DISTRIBUTION SYSTEM

Date Submitted:

a penalty for failure to comply with a column report valid OMB Control Number. The O

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.

	`	T use only)		20220253-45069		
1. Name of Operator	ALPINE NATURAL GAS					
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MA	AINED)					
2a. Street Address		PO BOX 550				
2b. City and County		VALLEY SPR	INGS 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 (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

		ST	EEL								
	UNPRO	TECTED	CATHODI PROTE	-	PLASTIC	CAST/ WROUGHT	DUCTILE IRON	COPPE R	OTHER	RECONDITION ED CAST IRON	SYSTEM TOTAL
	BARE	COATED	BARE	COATED		IRON					
MILES OF MAIN				0.01	42.46	0	0	0	0	0	42.47
NO. OF SERVICES				0	1741	0	0	0	0	0	1741
		·	<u> </u>	·	·	<u> </u>	·	<u> </u>		•	

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MATERIAL	UNKNOWN	2" OR LESS	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8" THRU 12"	OVER 12"	SYSTEM TOTALS
STEEL	0	0	0.01	0	0	0	0.01
DUCTILE IRON	0	0	0	0	0	0	0
COPPER	0	0	0	0	0	0	0
CAST/WROUGH T IRON	0	0	0	0	0	0	0
PLASTIC PVC	0	0	0	0	0	0	0
PLASTIC PE	0	33.23	3.57	5.66	0	0	42.46
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
RECONDITIONE D CAST IRON	0	0	0	0	0	0	0
TOTAL	0	33.23	3.58	5.66	0	0	42.47
Describe Other N	Material:						
		M AT END OF YEAR	R	A	VERAGE SERVICE I	_ENGTH: 93.81	
		M AT END OF YEAR	QVER 1" THRU 2"	OVER 2" THRU 4"	VERAGE SERVICE I OVER 4" THRU 8"	_ENGTH: 93.81 OVER 8"	SYSTEM TOTALS
3.NUMBER OF SEF	RVICES IN SYSTE		OVER 1"	OVER 2"	OVER 4"		SYSTEM TOTALS
3.NUMBER OF SER MATERIAL STEEL	RVICES IN SYSTE UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	
3.NUMBER OF SEF	RVICES IN SYSTE UNKNOWN 0	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8 "	0
3.NUMBER OF SEF MATERIAL STEEL DUCTILE IRON COPPER	UNKNOWN 0	1" OR LESS 0 0	OVER 1" THRU 2" 0	OVER 2" THRU 4"	OVER 4" THRU 8" 0	OVER 8" 0	0
3.NUMBER OF SEF MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH	UNKNOWN 0 0	0 0 0	OVER 1" THRU 2" 0 0	OVER 2" THRU 4" 0 0	OVER 4" THRU 8" 0 0	OVER 8" 0 0 0	0 0
MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH T IRON	UNKNOWN 0 0 0 0	0 0 0 0	OVER 1" THRU 2" 0 0 0	OVER 2" THRU 4" 0 0 0	OVER 4" THRU 8" 0 0 0 0	OVER 8" 0 0 0 0	0 0 0 0 0
3.NUMBER OF SEF MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH T IRON PLASTIC PVC	O O O	0 0 0 0 0 0	OVER 1" THRU 2" 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0	OVER 8" 0 0 0 0 0 0	0 0 0 0 0 0 1741
3.NUMBER OF SEF MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH T IRON PLASTIC PVC PLASTIC PE	O O O O O	0 0 0 0 0 1741	OVER 1" THRU 2" 0 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0	0 0 0 0 0 1741
3.NUMBER OF SEE MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH T IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC	O O O O O O O O O O O O O O O O O O O	1" OR LESS 0 0 0 0 1741	OVER 1" THRU 2" 0 0 0 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0 0	0 0 0 0 0 1741 0
B.NUMBER OF SEF MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH T IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC OTHER	O O O O O O O O O O O O O O O O O O O	1" OR LESS 0 0 0 0 1741 0 0	OVER 1" THRU 2" 0 0 0 0 0 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 1741 0 0
B.NUMBER OF SEF MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH T IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC OTHER OTHER RECONDITIONE	O O O O O O O O O O O O O O O O O O O	1" OR LESS 0 0 0 0 1741 0 0 0	OVER 1" THRU 2" 0 0 0 0 0 0 0 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 1741 0

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	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	.1	42.47
NUMBER OF SERVICES	0	0	0	0	0	0	0	0	1249	461	31	1741

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

CAUSE OF LEAK		MAINS	SE	RVICES
CAUGE OF LEAR	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS
CORROSION FAILURE				
NATURAL FORCE DAMAGE				
EXCAVATION DAMAGE	0	0	4	4
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	PART E - EXCESS FLOW VALUE (EFV) AND SERVICE VALVE DATA
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: 2	Estimated Number Of Services with EFV In the System At End Of Year: 302
b. Locating Practices Not Sufficient: c. Excavation Practices Not Sufficient: 2	* Total Number of Manual Service Line Shut-off Valves Installed During Year: <u>0</u>
d. Other:	* 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. NUMBER OF EXCAVATION TICKETS : 421	
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 6/30:0.22%_
PART H - ADDITIONAL INFORMATION	

NOTICE: This report is required by 49 CFR Part 191. Failure to report may result in provided in 49 USC 60122.	a civil penalty OMB No. 2137-0629 as OMB NO: 2137-0629 EXPIRATION DATE: 5/31/2024
PART I - PREPARER	
Michael Lamond,Operations Manager (Preparer's Name and Title)	(209)772-3006 (Area Code and Telephone Number)
mike@alpinenaturalgas.com (Preparer's email address)	(209) 772-3008 (Area Code and Facsimile Number)