| NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil pexceed 100,000 for each violation for each day that such violation persists except that the penalty shall not exceed \$1,000,000 as provided in 49 USC 60122. | OMB NO: 2137-0629<br>EXPIRATION DATE: 10/31/2021 |            |
|--|--|------------|
|  | Initial Date<br>Submitted:                       | 02/25/2019 |
| U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration  | Form Type:                                       | INITIAL    |
|  | Date<br>Submitted:                               |            |

## ANNUAL REPORT FOR CALENDAR YEAR 2018 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 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 <a href="http://www.phmsa.dot.gov/pipeline/library/forms">http://www.phmsa.dot.gov/pipeline/library/forms</a>.

| PART A - OPERATOR INFORMATION   | (DO1                | use only)      |              | 20190136-37525                  |  |  |  |
|---|---------------------|----------------|--------------|---------------------------------|--|--|--|
| 1. Name of Operator   | ALPINE NATURAL GAS  |                |              |                                 |  |  |  |
| 2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)  |                     |                |              |                                 |  |  |  |
| 2a. Street Address  |                     | 15 St. Andre   | ws Rd. Suite | 7 PO Box 550                    |  |  |  |
| 2b. City and County   |                     | Valley Spring  | gs           |                                 |  |  |  |
| 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 OPERAT included in this OPID for which this report is being submitted.):   | OR (Sel             | ect Type of Op | erator based | on the structure of the company |  |  |  |
| Privately Owned   |                     |                |              |                                 |  |  |  |

## **PART B - SYSTEM DESCRIPTION**

## 1.GENERAL

|                    |       | STI    | EEL                       |        |      |      |   |                  |                 |           |       |                   |                 |
|--------------------|-------|--------|---------------------------|--------|------|------|---|------------------|-----------------|-----------|-------|-------------------|-----------------|
|                    | UNPRO | TECTED | CATHODICALLY<br>PROTECTED |        |      |      |   | CAST/<br>WROUGHT | DUCTILE<br>IRON | COPPER    | OTHER | RECONDITION<br>ED | SYSTEM<br>TOTAL |
|                    | BARE  | COATED | BARE                      | COATED |      | IRON |   |                  |                 | CAST IRON |       |                   |                 |
| MILES OF<br>MAIN   |       |        |                           | 0.01   | 40.8 | 0    | 0 | 0                | 0               | 0         | 40.81 |                   |                 |
| NO. OF<br>SERVICES |       |        |                           | 0      | 1662 | 0    | 0 | 0                | 0               | 0         | 1662  |                   |                 |

|  | MILES OF MAINS I                      | N SYSTEM AT END (                       | F YEAR   |                                       |                                       |  |   |
|--|---------------------------------------|---|--|---------------------------------------|---------------------------------------|--|---|
| MATERIAL   | UNKNOWN                               | 2" OR LESS                              | OVER 2"<br>THRU 4"                                     | OVER 4"<br>THRU 8"                    | OVER 8"<br>THRU 12"                   | OVER 12"                                       | SYSTEM TOTALS                           |
| STEEL  | 0                                     | 0                                       | 0.01   | 0                                     | 0                                     | 0  | 0.01                                    |
| DUCTILE IRO  | 0                                     | 0                                       | 0  | 0                                     | 0                                     | 0  | 0                                       |
| COPPER   | 0                                     | 0                                       | 0  | 0                                     | 0                                     | 0  | 0                                       |
| CAST/WROUG<br>T IRON   | н о                                   | 0                                       | 0  | 0                                     | 0                                     | 0  | 0                                       |
| PLASTIC PVC  | 0                                     | 0                                       | 0  | 0                                     | 0                                     | 0  | 0                                       |
| PLASTIC PE   | 0                                     | 31.57                                   | 3.57   | 5.66                                  | 0                                     | 0  | 40.8                                    |
| PLASTIC ABS  | 0                                     | 0                                       | 0  | 0                                     | 0                                     | 0  | 0                                       |
| PLASTIC<br>OTHER   | 0                                     | 0                                       | 0  | 0                                     | 0                                     | 0  | 0                                       |
| OTHER  | 0                                     | 0                                       | 0  | 0                                     | 0                                     | 0  | 0                                       |
| RECONDITION<br>D CAST IRON   |                                       | 0                                       | 0  | 0                                     | 0                                     | 0  | 0                                       |
| TOTAL  | 0                                     | 31.57                                   | 3.58   | 5.66                                  | 0                                     | 0  | 40.81                                   |
| Describe Oth   | er Material:                          |   | 1  |                                       | 1                                     |  |   |
|  |                                       |   |  |                                       |                                       |  |   |
| 3.NUMBER OF  | SERVICES IN SYS                       | ΓΕΜ AT END OF YEA                       | R  | A                                     | VERAGE SERVICE                        | LENGTH: 93.84                                  |   |
|  |                                       |   |  |                                       |                                       |  |   |
| MATERIAL   | UNKNOWN                               | 1" OR LESS                              | OVER 1"<br>THRU 2"                                     | OVER 2"<br>THRU 4"                    | OVER 4"<br>THRU 8"                    | OVER 8"  | SYSTEM TOTALS                           |
| MATERIAL<br>STEEL  | UNKNOWN<br>0                          | <b>1" OR LESS</b>                       | OVER 1"  |                                       |                                       |  | SYSTEM TOTALS                           |
|  | 0                                     |   | OVER 1"<br>THRU 2"                                     | THRU 4"                               | THRU 8"                               | OVER 8"  |   |
| STEEL  | 0                                     | 0                                       | OVER 1"<br>THRU 2"                                     | <b>THRU 4"</b> 0                      | <b>THRU 8</b> "                       | OVER 8"  | 0                                       |
| STEEL  DUCTILE IROI  COPPER  | 0 0                                   | 0 0                                     | OVER 1"<br>THRU 2"<br>0                                | 0<br>0                                | 0<br>0                                | OVER 8"  0  0                                  | 0                                       |
| STEEL  DUCTILE IRON  COPPER  CAST/WROUG  | 0 0 0 0 H 0                           | 0 0                                     | OVER 1"<br>THRU 2"<br>0<br>0                           | 0<br>0<br>0                           | 0<br>0<br>0                           | 0 0 0 0  | 0 0                                     |
| STEEL  DUCTILE IRON  COPPER  CAST/WROUG T IRON   | 0<br>1 0<br>0<br>H 0                  | 0 0 0                                   | OVER 1" THRU 2"  0  0  0                               | 0<br>0<br>0<br>0                      | 0<br>0<br>0<br>0                      | OVER 8"  0  0  0  0                            | 0 0 0                                   |
| STEEL  DUCTILE IRON  COPPER  CAST/WROUG  T IRON  PLASTIC PVC   | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0                                 | OVER 1" THRU 2"  0  0  0  0  0                         | 0<br>0<br>0<br>0<br>0                 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | OVER 8"  0  0  0  0  0                         | 0 0 0                                   |
| STEEL  DUCTILE IRON  COPPER  CAST/WROUG T IRON  PLASTIC PVC  | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0<br>0<br>0<br>0<br>0<br>0              | OVER 1" THRU 2"  0  0  0  0  0  0                      | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | OVER 8"  0  0  0  0  0  0  0                   | 0<br>0<br>0<br>0<br>0                   |
| STEEL  DUCTILE IROI  COPPER  CAST/WROUG    T IRON  PLASTIC PVC  PLASTIC PE  PLASTIC ABS  PLASTIC   | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0<br>0<br>0<br>0<br>0<br>0<br>1662      | OVER 1" THRU 2"  0  0  0  0  0  0  0  0                | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 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<br>0<br>0<br>0<br>0<br>0<br>1662      |
| STEEL  DUCTILE IRON  COPPER  CAST/WROUG  T IRON  PLASTIC PVO  PLASTIC PE  PLASTIC ABS  PLASTIC OTHER  OTHER  | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0<br>0<br>0<br>0<br>0<br>0<br>1662<br>0 | OVER 1" THRU 2"  0  0  0  0  0  0  0  0  0             | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 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<br>0<br>0<br>0<br>0<br>1662           |
| STEEL  DUCTILE IRON  COPPER  CAST/WROUG  T IRON  PLASTIC PVO  PLASTIC PE  PLASTIC ABS  PLASTIC OTHER  OTHER  RECONDITION                                     | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0<br>0<br>0<br>0<br>0<br>1662<br>0<br>0 | OVER 1" THRU 2"  0  0  0  0  0  0  0  0  0  0  0       | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 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<br>0<br>0<br>0<br>0<br>1662<br>0      |
| STEEL  DUCTILE IRON  COPPER  CAST/WROUG    T IRON  PLASTIC PVO  PLASTIC PE  PLASTIC ABS  PLASTIC OTHER  OTHER  RECONDITION D CAST IRON                       | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0<br>0<br>0<br>0<br>0<br>1662<br>0<br>0 | OVER 1" THRU 2"  0  0  0  0  0  0  0  0  0  0  0  0  0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 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<br>0<br>0<br>0<br>0<br>1662<br>0<br>0 |
| STEEL  DUCTILE IRON  COPPER  CAST/WROUG    T IRON  PLASTIC PVC  PLASTIC ABS  PLASTIC ABS  PLASTIC OTHER  OTHER  RECONDITION D CAST IRON  TOTAL  Describe Oth | 0                                     | 0<br>0<br>0<br>0<br>0<br>1662<br>0<br>0 | OVER 1" THRU 2"  0  0  0  0  0  0  0  0  0  0  0  0  0 | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 0 0 0 0 0 0 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<br>0<br>0<br>0<br>0<br>1662<br>0<br>0 |

| MILES OF<br>MAIN         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 33.65 | 7.16 | 40.81 |
|--------------------------|---|---|---|---|---|---|---|---|-------|------|-------|
| NUMBER<br>OF<br>SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1249  | 413  | 1662  |

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

| CAUSE OF LEAK                    |  | MAINS     | 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         | 2        | 2         |  |  |  |
| OTHER OUTSIDE FORCE<br>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 I FAKS AT | NIMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR : 0 |           |          |           |  |  |  |

NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR: 0

| PART D - EXCAVATION DAMAGE   | PART E - EXCESS FLOW VALUE (EFV) AND SERVICE VALVE DATA   |
|--|---|
| TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: _2            | Total Number Of Services with EFV Installed During Year: 56   |
| a. One-Call Notification Practices Not Sufficient: 2                     | Estimated Number Of Services with EFV In the System At End Of Year: 300   |
| b. Locating Practices Not Sufficient: 0                                  | * Total Number of Manual Service Line Shut-off Valves Installed During  |
| c. Excavation Practices Not Sufficient: 0                                | Year: 0   |
| d. Other: <u>0</u>   | * Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year: 0   |
|  | *These questions were added to the report in 2017.  |
| 2. NUMBER OF EXCAVATION TICKETS : 371                                    |   |
| 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 6/30:1.75%_ |
| PART H - ADDITIONAL INFORMATION  |   |

| PART I - PREPARER   |  |
|---|--|
|   |  |
| Michael Lamond,Administrator<br>(Preparer's Name and Title) | (209) 772-3006<br>(Area Code and Telephone Number) |
|   |  |
| mike@alpinenaturalgas.com<br>(Preparer's email address)     | (209) 772-3008<br>(Area Code and Facsimile Number) |