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 EXPIRATION DATE: 10/31/2021
	Initial Date Submitted:	03/09/2021
U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	Form Type:	INITIAL
, , , , , , , , , , , , , , , , , , ,	Date Submitted:	

ANNUAL REPORT FOR CALENDAR YEAR 2020 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 http://www.phmsa.dot.gov/pipeline/library/forms.

PART A - OPERATOR INFORMATION	(DO	Tuse only)		20210831-42244			
1. Name of Operator		ALPINE NA	TURAL GAS				
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)							
2a. Street Address		PO BOX 550)				
2b. City and County		VALLEY SP	RINGS				
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.):	Γ OR (Sel	ect Type of Op	erator baseo	on the structure of the company			
Privately Owned							

PART B - SYSTEM DESCRIPTION

1.GENERAL

		STI	EEL										
	UNPROTECTED		CATHODICALLY PROTECTED		1)		PLASTIC	CAST/ WROUGHT	DUCTILE IRON	COPPER	OTHER	RECONDITION ED	SYSTEM TOTAL
	BARE	COATED	BARE	COATED		IRON	ii. Oil			CAST IRON			
MILES OF MAIN				0.01	42.36	0	0	0	0	0	42.37		
NO. OF SERVICES				0	1723	0	0	0	0	0	1723		

	ILES OF MAINS IN	SYSTEM AT END O	F 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	0.01	0	0	0	0.01	
DUCTILE IRON	0	0	0	0	0	0	0	
COPPER	0	0	0	0	0	0	0	
CAST/WROUGI T IRON	0	0	0	0	0	0	0	
PLASTIC PVC	0	0	0	0	0	0	0	
PLASTIC PE	0	33.13	3.57	5.66	0	0	42.36	
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	
RECONDITIONI D CAST IRON	0	0	0	0	0	0	0	
TOTAL	0	33.13	3.58	5.66	0	0	42.37	
Describe Othe	er Material:			П				
		<u> </u>						
3.NUMBER OF	SERVICES IN SYSTE	EM AT END OF YEA	R	A	VERAGE SERVICE	LENGTH: 93.82		
MATERIAL								
	UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	SYSTEM TOTALS	
STEEL	O	1" OR LESS				OVER 8 "	SYSTEM TOTALS	
STEEL DUCTILE IRON	0		THRU 2"	THRU 4"	THRU 8"			
	0	0	THRU 2 "	THRU 4 "	THRU 8 "	0	0	
DUCTILE IRON	0 0	0	0 0	0 0	0 0	0	0	
DUCTILE IRON COPPER CAST/WROUGH	0 0	0 0	0 0 0	0 0 0	0 0 0	0 0	0 0	
COPPER CAST/WROUGH	0 0 0	0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0	0 0 0	
COPPER CAST/WROUGH T IRON PLASTIC PVC	0 0 0 1 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	
COPPER CAST/WROUGH T IRON PLASTIC PVC PLASTIC PE	0 0 0 1 0 0	0 0 0 0 0 0 1723	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 0 0 0 0 0 0	0 0 0 0	0 0 0 0 0 1723	
COPPER CAST/WROUGH T IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC	0 0 0 1 0 0 0	0 0 0 0 0 0 1723	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 0 0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 1723	
COPPER CAST/WROUGH T IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC OTHER	0 0 0 0 1 0 0 0 0	0 0 0 0 0 0 1723 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 0 0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 1723	
COPPER CAST/WROUGH T IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC OTHER OTHER	0 0 0 1 0 0 0 0	0 0 0 0 0 1723 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 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 1723 0	
COPPER CAST/WROUGH T IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC OTHER OTHER RECONDITIONI D CAST IRON	0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 1723 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 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 1723 0 0	
COPPER CAST/WROUGI T IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC OTHER OTHER RECONDITION D CAST IRON TOTAL Describe Other	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 1723 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 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 1723 0 0	

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	474	0	1723

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

CAUSE OF LEAK		MAINS	SEI	RVICES
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	1
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	1	0	0	0
OTHER CAUSE	0	0	0	0
NUMBER OF KNOWN SYSTEM I FAKS AT	END OF YEAR SCHEDIII	ED FOR REPAIR : 0	Ŭ	

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
1. TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: _2	Total Number Of Services with EFV Installed During Year: 13
a. One-Call Notification Practices Not Sufficient: 2	Estimated Number Of Services with EFV In the System At End Of Year: $\underline{360}$
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: 0	* 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 : 284	
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 6/30:0.20%_
PART H - ADDITIONAL INFORMATION	

PART I - PREPARER	
Michael Lamond,Administrator/CFO (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)