

**ARIZONA CORPORATION COMMISSION OFFICE OF PIPELINE SAFETY
TO BE FILED NOT SOONER THAN JANUARY 1st AND NO LATER THAN APRIL 15th for the preceding year**

**ANNUAL REPORT FOR CALENDAR YEAR _____
SMALL OPERATORS OF GAS DISTRIBUTION SYSTEM**

<u>FACILITY INFORMATION</u>		<u>OPERATOR/OWNER</u>	
NAME OF FACILITY _____		NAME _____	
ADDRESS OF FACILITY _____		ADDRESS _____	
CITY _____	COUNTY _____	CITY _____	
STATE _____	ZIP CODE _____	STATE _____	ZIP CODE _____
FACILITY E-MAIL ADDRESS _____		OPERATOR E-MAIL ADDRESS _____	
AREA CODE _____	TELEPHONE _____	AREA CODE _____	TELEPHONE _____

FACILITY TYPE: MHP _____ APT/CONDO _____ SCHOOL _____ BUSINESS _____ # OF BLDG _____

SYSTEM INFORMATION		FEET OF PIPE	FOR UNDERGROUND STEEL SYSTEMS DATE OF LAST C/P CHECK IN _____ ____ / ____ / ____ <small>(If no tests were conducted, please write "None Conducted")</small>
UNDERGROUND STEEL PIPE			DATE OF LEAK SURVEY CONDUCTED IN _____ ____ / ____ / ____ <small>(If no tests were conducted, please write "None Conducted")</small>
ABOVEGROUND STEEL PIPE			
UNDERGROUND PE PLASTIC PIPE			TOTAL LEAKS IN SYSTEM DURING LAST CAL. YEAR _____ CAUSE: CORROSION _____ THIRD PARTY DAMAGE _____ CONSTRUCTION DEFECT _____ MATERIAL DEFECT _____ OTHER _____ NUMBER OF KNOWN LEAKS AT END OF YEAR _____
UNDERGROUND PVC PLASTIC PIPE			
TOTAL FEET OF PIPE IN SYSTEM			
NOTE: (if you have any comments or concerns, please note in this box)			

PREPARED BY (TYPE OR PRINT) _____	AREA CODE _____	TELEPHONE _____
NAME AND TITLE PERSON SIGNING _____	AUTHORIZED SIGNATURE _____	

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