

**ARIZONA CORPORATION COMMISSION PIPELINE SAFETY  
TO BE FILED NOT SOONER THAN JANUARY 1, AND NO LATER THAN APRIL 15, FOR THE PRECEDING YEAR**

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

<u><b>FACILITY INFORMATION</b></u>		<u><b>OPERATOR/OWNER</b></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 _____ _____/_____/_____ (If no tests were conducted in _____, please write ("None Conducted"))
UNDERGROUND STEEL PIPE			DATE OF LEAK SURVEY CONDUCTED IN _____ _____/_____/_____ (If no tests were conducted, please write ("None Conducted"))
ABOVEGROUND STEEL PIPE			
UNDERGROUND PE PLASTIC PIPE			TOTAL LEAKS IN SYSTEM DURING LAST CAL. YEAR _____ <b>CAUSE:</b> CORROSION _____ THIRD PARTY DAMAGE _____ CONSTRUCTION DEFECT _____ MATERIAL DEFECT _____ OTHER _____ <u>NUMBER OF KNOWN LEAKS AT END OF YEAR</u> _____
UNDERGROUND PVC PLASTIC PIPE			
<b>TOTAL FEET OF PIPE IN SYSTEM</b>			
<b>NOTE:</b> (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 _____	

**MAIL TO: 1300 West Washington Street, Suite 220, Phoenix, AZ 85007  
FAX TO: (602) 262-5620 – OR EMAIL TO: safety@azcc.gov**

WILL NOT  
BE  
DELIVERED  
WITHOUT  
PROPER  
POSTAGE

**ARIZONA CORPORATION COMMISSION  
OFFICE OF PIPELINE SAFETY – GAS SAFETY PROGRAM  
1300 WEST WASHINGTON STREET, SUITE 220  
PHOENIX, ARIZONA 85007**

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