



Natural Gas Utility Questionnaire

Full Name of Natural Gas Utility: _____

1. Ownership structure of Gas Utility is (complete applicable section).

Corporation – List names and titles of officers and whether or not active in business

Municipally-owned utility or utilities Board – provide name of manager:

Municipally or public-operated utility district – provide name of manager:

Private ozbr investor utility system – provide name of manager:

2. The entity described in 1. above also operates the following:

- Water Utility Electric Utility Other Municipal Operations
 Sewer Utility Telephone Utility Other _____

3. Gas Utility ties on to supplier's lines at safe fenced location and not congested? Yes No

4. Is odorizing station at same place as tie on the supplier's line? Yes No

5. Gas Utility odorizes gas with _____ at a rate of _____ part(s) per _____ part(s) gas

6. Are all regulator stations fully fenced or protected from vehicle damage? Yes No

7. Gas utility was installed in _____ (year)

8. The pipe in the Gas utility has been in service as follows:

_____ of the pipe has been in service for 0-10 years
_____ of the pipe has been in service for 11-15 years
_____ of the pipe has been in service for more than 15 years
100% Total

9. If cast iron is in your system, provide a brief description of replacement program

10. Does Gas utility operate or own a propane or LNG peak-shaving plant? Yes No

If YES, complete the following:

Location of peak-shaving plant? _____

Gallon capacity: _____

Surrounding exposure: _____

How many gallons used in the last fiscal period? _____

11. Does Gas utility sell household appliances? Yes No

If YES, answer the following:

Address of Store: _____

Area of Store: _____

Amount of Appliance Sales in last fiscal period: \$ _____

Appliances are installed by: _____

12. Does Gas Utility repair and/or service appliance or do any other work beyond the customer's meter?

Yes No

If YES, answer the following:

Amount of payroll for such work performed in the last fiscal years \$ _____

13. Are subcontractors required to carry General Liability with limits equal to or greater than the insured?

Yes No

Are Certificates of Insurance required? Yes No

Please provide description of operations: _____

14. Describe any other operation conducted at any other location:

15. Are public fire-fighting facilities available at all the above locations? Yes No

16. Service line and meters are installed and serviced by: _____

17. Gas main service maintenance and repair calls are made by: _____

18. Emergency calls are received by _____ on a _____ hour-per day basis, _____ days per week

19. Malodorant is checked at intervals of _____ each days by _____

20. The Gas Leakage Survey was completed in _____ (month & year) using the following method(s) _____

_____ Forward the summary page of last leakage survey for each of three (3) last years

21. What leakage detection methods are used by Gas Utility in between, in lieu of, professional leak detection surveys? _____

22. Send copy of last three (3) years of Department of Transportation Report – DOT –RSPA Report F-7100-1-1

23. The Gas Utility’s annual sales are broken down as follows:

| Type of Customer | No. of Services | Amount of Gas Sold | Gross Receipts (Revenues) |
|------------------|-----------------|--------------------|---------------------------|
| Residential | | MCF | \$ |
| Commercial | | MCF | \$ |
| Interruptible | | MCF | \$ |
| Unmetered | | MCF | \$ |
| Totals | | MCF | \$ |

- Thousand Cubic Feet

24. Unaccounted for gas amounted to _____ % of the total amount of gas purchased by the Gas Utility in the last Fiscal year. Please explain in detail (If more than 5%, use a separate sheet).

25. The Gas utility has a total of _____ employees, divided as follows:

| PRINCIPAL DUTIES | NO. OF EMPLOYEES | BUDGETED ANNUAL PAYROLL |
|--|------------------|-------------------------|
| Managers/Superintendents whose duties are inside the office | | \$ |
| *Managers/Superintendent s whose duties are outside the office | | \$ |
| *All other employees who work outside (e.g., construction, meter readers, service/repair, etc. | | \$ |
| Clerical | | \$ |

Note: Outside employees working for more than one department, payroll should be prorated by department

26. Is there any interchange of labor between the Gas Utility and ANY other operation? Yes No

27. Does the Gas Utility require a physical examination as a prerequisite to employment? Yes No

28. Does the Gas Utility own or operate any watercraft or aircraft? Yes No
 If YES, give description if the craft, extent of operation by the Utility purpose for which operated and full details of coverage now provided for that craft _____

29. Has an insurance company cancelled or declined renewal? Yes No
 If YES, explain: _____

30. How many of the following does the Utility own?

A. Objects over 200 hp, 1,000 KW/KV/Amps or Boilers over 5,000 square feet of heating surface

B. Objects over 350 hp, 2,500 KW/KVA/Amps or Boilers over 10,000 square feet of heating surface

C. Objects over 750 hp, 10,000 KW/KVA/Amps or Boilers over 75,000 square feet of heating surface

D. Objects over 25,000 hp, 25,000 KW/KVA/Amps or Boilers over 250,000 square feet of heating surface

Person/Title Responsible for Gas Utility Operations: _____

Person/Title completing this application: _____

Date: _____