

NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed 100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0629
EXPIRATION DATE: 10/31/2021



U.S Department of Transportation
Pipeline and Hazardous Materials Safety Administration

Initial Date Submitted:

03/12/2020

Form Type:

INITIAL

Date Submitted:

**ANNUAL REPORT FOR
CALENDAR YEAR 2019
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

(DOT use only)

20201051-40341

| | |
|---|--|
| 1. Name of Operator | INTERMOUNTAIN GAS CO |
| 2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED) | |
| 2a. Street Address | 555 SOUTH COLE ROAD |
| 2b. City and County | BOISE ADA |
| 2c. State | ID |
| 2d. Zip Code | 83709 |
| 3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER | 8160 |
| 4. HEADQUARTERS NAME & ADDRESS | |
| 4a. Street Address | 555 SOUTH COLE ROAD, (POB 7608, 83707) |
| 4b. City and County | BOISE |
| 4c. State | ID |
| 4d. Zip Code | 83709 |
| 5. STATE IN WHICH SYSTEM OPERATES | ID |
| 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 OPERATOR (Select Type of Operator based on the structure of the company included in this OPID for which this report is being submitted.): | |
| Investor Owned | |

PART B - SYSTEM DESCRIPTION

1.GENERAL

| | STEEL | | | | PLASTIC | CAST/ WROUGHT IRON | DUCTILE IRON | COPPER | OTHER | RECONDITION ED CAST IRON | SYSTEM TOTAL |
|--------------------|-------------|--------|---------------------------|--------|---------|--------------------------|-----------------|--------|-------|--------------------------------|-----------------|
| | UNPROTECTED | | CATHODICALLY PROTECTED | | | | | | | | |
| | BARE | COATED | BARE | COATED | | | | | | | |
| MILES OF MAIN | 0 | 0 | 1.4 | 2370.9 | 4316.4 | 0 | 0 | 0 | 0 | 0 | 6688.7 |
| NO. OF SERVICES | 0 | 0 | 0 | 72644 | 311765 | 0 | 0 | 0 | 0 | 0 | 384409 |

| 2.MILES OF MAINS IN SYSTEM AT END OF YEAR | | | | | | | | | | | |
|--|---------|------------|-----------------|-----------------|----------------------------|-----------|---------------|-----------|-----------|-----------|-------|
| MATERIAL | UNKNOWN | 2" OR LESS | OVER 2" THRU 4" | OVER 4" THRU 8" | OVER 8" THRU 12" | OVER 12" | SYSTEM TOTALS | | | | |
| STEEL | 0 | 1337.7 | 623.6 | 365.5 | 45.5 | 0 | 2372.3 | | | | |
| DUCTILE IRON | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| COPPER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| CAST/WROUGHT IRON | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| PLASTIC PVC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| PLASTIC PE | 0 | 3655.3 | 630.2 | 30.9 | 0 | 0 | 4316.4 | | | | |
| 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 | | | | |
| RECONDITIONED CAST IRON | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| TOTAL | 0 | 4993 | 1253.8 | 396.4 | 45.5 | 0 | 6688.7 | | | | |
| Describe Other Material: | | | | | | | | | | | |
| | | | | | | | | | | | |
| 3.NUMBER OF SERVICES IN SYSTEM AT END OF YEAR | | | | | AVERAGE SERVICE LENGTH: 84 | | | | | | |
| MATERIAL | UNKNOWN | 1" OR LESS | OVER 1" THRU 2" | OVER 2" THRU 4" | OVER 4" THRU 8" | OVER 8" | SYSTEM TOTALS | | | | |
| STEEL | 0 | 71037 | 1503 | 97 | 7 | 0 | 72644 | | | | |
| DUCTILE IRON | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| COPPER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| CAST/WROUGHT IRON | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| PLASTIC PVC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| PLASTIC PE | 0 | 308458 | 3268 | 39 | 0 | 0 | 311765 | | | | |
| 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 | | | | |
| RECONDITIONED CAST IRON | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| TOTAL | 0 | 379495 | 4771 | 136 | 7 | 0 | 384409 | | | | |
| Describe Other Material: | | | | | | | | | | | |
| 4.MILES OF MAIN AND NUMBER OF SERVICES BY DECADE OF INSTALLATION | | | | | | | | | | | |
| | UNKNOWN | PRE-1940 | 1940-1949 | 1950-1959 | 1960-1969 | 1970-1979 | 1980-1989 | 1990-1999 | 2000-2009 | 2010-2019 | TOTAL |

| | | | | | | | | | | | |
|---------------------------|---|---|---|-------|-------|-------|-------|--------|--------|-------|--------|
| MILES OF MAIN | 0 | 0 | 0 | 670.9 | 1065 | 727.1 | 359 | 1351.2 | 1673.5 | 842 | 6688.7 |
| NUMBER OF SERVICES | 0 | 0 | 0 | 15239 | 32287 | 31560 | 28168 | 93985 | 118498 | 64672 | 384409 |

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

| CAUSE OF LEAK | MAINS | | SERVICES | |
|-----------------------------|-------|-----------|----------|-----------|
| | TOTAL | HAZARDOUS | TOTAL | HAZARDOUS |
| CORROSION FAILURE | 2 | 0 | 74 | 10 |
| NATURAL FORCE DAMAGE | 2 | 2 | 170 | 151 |
| EXCAVATION DAMAGE | 75 | 61 | 492 | 484 |
| OTHER OUTSIDE FORCE DAMAGE | 2 | 2 | 103 | 96 |
| PIPE, WELD OR JOINT FAILURE | 12 | 12 | 195 | 177 |
| EQUIPMENT FAILURE | 1 | 0 | 1059 | 849 |
| INCORRECT OPERATIONS | 6 | 6 | 114 | 94 |
| OTHER CAUSE | 14 | 4 | 412 | 301 |

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

PART D - EXCAVATION DAMAGE

1. TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: 675

- a. One-Call Notification Practices Not Sufficient: 288
- b. Locating Practices Not Sufficient: 69
- c. Excavation Practices Not Sufficient: 311
- d. Other: 7

2. NUMBER OF EXCAVATION TICKETS : 109047

PART E - EXCESS FLOW VALUE (EFV) AND SERVICE VALVE DATA

Total Number Of Services with EFV Installed During Year: 8646

Estimated Number Of Services with EFV In the System At End Of Year: 76526

* Total Number of Manual Service Line Shut-off Valves Installed During Year: 26

* Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year: 631

**These questions only pertain to reporting years 2017 & beyond.*

PART F - LEAKS ON FEDERAL LAND

TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED TO REPAIR: 11

PART G-PERCENT OF UNACCOUNTED FOR GAS

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: 18%

PART H - ADDITIONAL INFORMATION

PART I - PREPARER

| | |
|--|--|
| | |
| David Gutschmidt, Manager of Compliance and Ops (Preparer's Name and Title) | (701)222-7924 _____ (Area Code and Telephone Number) |
| | |
| david.gutschmidt@mdu.com (Preparer's email address) | _____ (Area Code and Facsimile Number) |