1366-

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: 1/31/2018
U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	**Initial Date Submitted:**	02/14/2018
	Form Type:	INITIAL
	Date Submitted:	

ANNUAL REPORT FOR CALENDAR YEAR 2017 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)**	**20187815-34562**

1. Name of Operator	NORTH CROSSETT GAS & WATER
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)	
2a. Street Address	1645 HWY 52 WEST PO BOX 576
2b. City and County	CROSSETT ASHLEY
2c. State	AR
2d. Zip Code	71635
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER	13610
4. HEADQUARTERS NAME & ADDRESS	
4a. Street Address	P.O. BOX 576
4b. City and County	CROSSETT
4c. State	AR
4d. Zip Code	71635
5. STATE IN WHICH SYSTEM OPERATES	AR
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.)*:	
Municipal Owned	

PART B - SYSTEM DESCRIPTION

1.GENERAL

	STEEL				PLASTIC	CAST/ WROUGHT IRON	DUCTILE IRON	COPPER	OTHER	RECONDITIONED CAST IRON	SYSTEM TOTAL
	UNPROTECTED		CATHODICALLY PROTECTED								
	BARE	COATED	BARE	COATED							
MILES OF MAIN	0	0	0	27	2	0	0	0	0		29
NO. OF SERVICES	0	0	0	642	125	0	0	0	0		767

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	24	3	0	0	0	27
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	2	0	0	0	0	2
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	26	3	0	0	0	29

Describe Other Material:

3.NUMBER OF SERVICES IN SYSTEM AT END OF YEAR

AVERAGE SERVICE LENGTH: 40

MATERIAL	UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	SYSTEM TOTALS
STEEL	0	600	42	0	0	0	642
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	105	20	0	0	0	125
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	705	62	0	0	0	767

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	0	15	5	9	0	0	0	29
NUMBER OF SERVICES	0	0	0	0	500	100	100	60	7	0	767

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

CAUSE OF LEAK	MAINS		SERVICES	
	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS
CORROSION FAILURE				
NATURAL FORCE DAMAGE	1			
EXCAVATION DAMAGE	2			
OTHER OUTSIDE FORCE DAMAGE				
PIPE, WELD OR JOINT FAILURE	5			
EQUIPMENT FAILURE				
INCORRECT OPERATIONS				
OTHER CAUSE	2		5	

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: 0

a. One-Call Notification Practices Not Sufficient: 0

b. Locating Practices Not Sufficient: 0

c. Excavation Practices Not Sufficient: 0

d. Other: 0

2. NUMBER OF EXCAVATION TICKETS : 110

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

Total Number Of Services with EFV Installed During Year: 0

Estimated Number Of Services with EFV In the System At End Of Year: 0

* Total Number of Manual Service Line Shut-off Valves Installed During Year: 0

* Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year: 0

**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: 0

PART G-PERCENT OF UNACCOUNTED FOR GAS

UNACCOUUNTED FOR GAS AS A PERCENT OF TOTAL INPUT FOR THE 12 MONTHS ENDING JUNE 30 OF THE REPORTING YEAR.

INPUT FOR YEAR ENDING 6/30: 5%

PART H - ADDITIONAL INFORMATION

PART I - PREPARER	
Jeff Russell,operator (Preparer's Name and Title)	(870) 304-7048 (Area Code and Telephone Number)
northcrossett@yahoo.com (Preparer's email address)	(870) 304-2366 (Area Code and Facsimile Number)