



## Annual Report For Calendar Year \_\_\_\_\_ Master Meter Systems

**Owner/Operator** \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Contact for More Information \_\_\_\_\_

Title \_\_\_\_\_

Contact's Phone No. \_\_\_\_\_

**Master Meter Facility** \_\_\_\_\_

Facility Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Contact for More Information \_\_\_\_\_

Title \_\_\_\_\_

Contact's Phone No. \_\_\_\_\_

**Note:** Master Meter facility means an apartment complex, mobile home park, public or publicly-subsidized housing project, condominium complex, office complex, shopping center, hotel, industrial park, college or university, etc.

A form must be filled out for each facility served by a separate master meter.

1. Number of consumers and tenants served by system:

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

2. Total pipe footage in system \_\_\_\_\_

3. Pipe material in system (feet):

Steel: Protected: Bare \_\_\_\_\_ Coated \_\_\_\_\_

Unprotected: Bare \_\_\_\_\_ Coated \_\_\_\_\_

Cast Iron \_\_\_\_\_

Plastic \_\_\_\_\_

4. Do you keep a map of your pipeline system on the premises? (Please note: A system map is required by paragraph (A) of Rule 4901:1-16-07 of the Ohio Administrative Code.)

Yes \_\_\_\_\_ No \_\_\_\_\_

5. For Calendar Year \_\_\_\_\_, the total number of:

a. Corrosion leaks found \_\_\_\_\_ (A pipeline corrodes when metal in the pipe reacts with water, soil, etc. Pipeline corrosion often appears as rust)

b. Corrosion leaks corrected \_\_\_\_\_

c. Other leaks found \_\_\_\_\_

d. Other leaks corrected \_\_\_\_\_

6. a. Who performed the last gas leak survey on your pipeline system?

\_\_\_\_\_

b. When was this leak survey performed? \_\_\_\_\_

c. Do you keep records of this leak survey? Yes \_\_\_\_\_ No \_\_\_\_\_

7. a. Who performed any other safety inspection on your pipeline system?

\_\_\_\_\_

(A safety inspection of the pipeline system includes testing for corrosion control and gas leak detection surveys)

b. When was this safety inspection performed? \_\_\_\_\_

8. Natural gas company supplying gas to system \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

If you have any questions about this form, please call Chief, Gas Pipeline Safety Section at (614) 644-8983.

**Return by March 15, to:**

**E-Mail:** [gps3@puc.state.oh.us](mailto:gps3@puc.state.oh.us)

**Fax:** 614-728-4319

**Mail:** Chief, Gas Pipeline Safety Section  
The Public Utilities Commission of Ohio  
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Columbus, Ohio 43215-3793