

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:

03/11/2020

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)

20201007-40291

1. Name of Operator	SOUTHWEST GAS CORP
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)	
2a. Street Address	5241 SPRING MOUNTAIN ROAD
2b. City and County	LAS VEGAS
2c. State	NV
2d. Zip Code	89150
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER	18536
4. HEADQUARTERS NAME & ADDRESS	
4a. Street Address	5241 SPRING MOUNTAIN ROAD
4b. City and County	LAS VEGAS
4c. State	NV
4d. Zip Code	89150
5. STATE IN WHICH SYSTEM OPERATES	CA
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			569.156	2597.328	0	0	0	0	0	3166.484	
NO. OF SERVICES			8778	170150	0	0	0	0	0	178928	

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	164.289	209.849	167.702	20.547	6.769	569.156					
DUCTILE IRON	0	0	0	0	0	0	0					
COPPER	0	0	0	0	0	0	0					
CAST/WROUGH T IRON	0	0	0	0	0	0	0					
PLASTIC PVC	0	.031	0	0	0	0	0.031					
PLASTIC PE	0	2198.651	350.038	48.608	0	0	2597.297					
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					
RECONDITIOE D CAST IRON	0	0	0	0	0	0	0					
TOTAL	0	2362.971	559.887	216.31	20.547	6.769	3166.484					
Describe Other Material:												
3.NUMBER OF SERVICES IN SYSTEM AT END OF YEAR												
											AVERAGE SERVICE LENGTH: 74	
MATERIAL	UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	SYSTEM TOTALS					
STEEL	0	8721	40	13	4	0	8778					
DUCTILE IRON	0	0	0	0	0	0	0					
COPPER	0	0	0	0	0	0	0					
CAST/WROUGH T IRON	0	0	0	0	0	0	0					
PLASTIC PVC	0	0	0	0	0	0	0					
PLASTIC PE	0	169048	1092	10	0	0	170150					
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					
RECONDITIOE D CAST IRON	0	0	0	0	0	0	0					
TOTAL	0	177769	1132	23	4	0	178928					
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	2020-2029	TOTAL

<b>MILES OF MAIN</b>	97.032	0	0.120	143.688	72.358	249.544	474.831	606.283	1001.767	520.861		3166.484
<b>NUMBER OF SERVICES</b>	7582	0	0	99	605	8875	36122	37902	67800	19943		178928

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

CAUSE OF LEAK	MAINS		SERVICES	
	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS
CORROSION FAILURE	1	0	1	1
NATURAL FORCE DAMAGE	0	0	28	26
EXCAVATION DAMAGE	8	8	101	101
OTHER OUTSIDE FORCE DAMAGE	3	3	23	18
PIPE, WELD OR JOINT FAILURE	6	0	14	2
EQUIPMENT FAILURE	5	1	375	55
INCORRECT OPERATIONS	55	3	5	5
OTHER CAUSE	3	0	3	2

NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR : 5

**PART D - EXCAVATION DAMAGE**

1. TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: 117

- a. One-Call Notification Practices Not Sufficient: 56
- b. Locating Practices Not Sufficient: 6
- c. Excavation Practices Not Sufficient: 52
- d. Other: 3

2. NUMBER OF EXCAVATION TICKETS : 44153

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

Total Number Of Services with EFV Installed During Year: 4422

Estimated Number Of Services with EFV In the System At End Of Year: 34744

\* Total Number of Manual Service Line Shut-off Valves Installed During Year: 25

\* Estimated Number of Services with Manual Service Line Shut-off Valves Installed in the System at End of Year: 37

*\*These questions were added to the report in 2017.*

**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**

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: 0.53%

**PART H - ADDITIONAL INFORMATION**

**PART I - PREPARER**

Daren S. Turner, Administrator/Compliance (Preparer's Name and Title)	(702)365-2365 _____ (Area Code and Telephone Number)
daren.turner@swgas.com (Preparer's email address)	(702)876-4238 _____ (Area Code and Facsimile Number)