



# IURC PIPELINE SAFETY ANNUAL REPORT

State Form 54952 (R / 1-17)  
INDIANA UTILITY REGULATORY COMMISSION

INDIANA UTILITY REGULATORY COMMISSION  
PIPELINE SAFETY DIVISION  
101 W Washington St, Suite 1500E  
Indianapolis, IN 46204-3407  
Telephone: (317) 232-2718  
Fax: (317) 233-2410  
Submit by E-mail: [wboyd@urc.in.gov](mailto:wboyd@urc.in.gov)

**Master meter gas operators may use this form to provide their annual state report as required by 170 IAC 5-3-4(e)(3).  
This report is due March 15<sup>th</sup> of each year.**

The following is our annual report for calendar year: \_\_\_\_\_

**A. (i) Annual Leak Survey:** Date (month, day, year): \_\_\_\_\_

Contractor or employee who performed task: \_\_\_\_\_

**(ii) Annual Cathodic Protection Survey:** Date (month, day, year): \_\_\_\_\_

Contractor or employee who performed task: \_\_\_\_\_

**(iii) Annual Valve Inspection:** Date (month, day, year): \_\_\_\_\_

Contractor or employee who performed task: \_\_\_\_\_

**B. Leak Report for Distribution System:**

- (i) Number of unrepaired leaks as of January 1 \_\_\_\_\_
- (ii) Number of leaks reported during the calendar year \_\_\_\_\_
- (iii) Number of leaks repaired during the calendar year \_\_\_\_\_
- (iv) Number of leaks on system as of December 31 \_\_\_\_\_

**C. Current Contact Information:**

**Property Name**

\_\_\_\_\_  
*Name of property*

\_\_\_\_\_  
*Local telephone number (area code)*

\_\_\_\_\_  
*Address of property (number and street, city, state, and ZIP Code)*

**Management Company or Officer**

\_\_\_\_\_  
*Name of officer*

\_\_\_\_\_  
*Title of officer*

\_\_\_\_\_  
*Name of Company, Business, or Organization*

\_\_\_\_\_  
*Telephone number (area code)*

\_\_\_\_\_  
*Address (number and street, city, state, and ZIP Code)*

\_\_\_\_\_  
*E-mail address*

**Local Supervisor**

\_\_\_\_\_  
*Name of supervisor*

\_\_\_\_\_  
*Title of supervisor*

\_\_\_\_\_  
*Address (number and street, city, state, and ZIP Code)*

\_\_\_\_\_  
*Office telephone number (area code)*

\_\_\_\_\_  
*Cellular telephone number (area code)*

\_\_\_\_\_  
*E-mail address*

\_\_\_\_\_  
*Signature*